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Fill in this information to identify your case:	
United States Bankruptcy Court for the: Northern District of Illinois	
Case number (If known):	Chapter you are filing under:  Chapter 7  Chapter 11  Chapter 12  Chapter 13

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS

OCT 17 2017

JEFFREY P. ALLSTEADT, CLERK INTAKE 2

Check if this is an amended filing

Official Form 101

### Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

P	art 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
The distance of the second sec	Write the name that is on your government-issued picture identification (for example, your driver's license or	Alexandria First name Alicia	First name
	passport).	Middle name	Middle name
	Bring your picture identification to your meeting	Last name	Last name
	with the trustee.	Suffix (Sr., Jr., II, III)	Suffix (Sr., Jr., II, III)
2.	All other names you		
	have used in the last 8 years	First name	First name
	Include your married or maiden names.	Middle name	Middle name
		Last name	Last name
		First name	First name
		Middle name	Middle name
		Last name	Last name
-			
3.	Only the last 4 digits of your Social Security number or federal	xxx - xx - <u>7 3 7 8</u> or	xxx - xx
hamber to	Individual Taxpayer Identification number (ITIN)	9 xx - xx	9 xx - xx

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D	ebtor 1 Alexandric First Name Middle N	Alicia Matthews	Case	e number (if known)
		About Debtor 1:	**	About Debtor 2 (Spouse Only in a Joint Case):
4.	Any business names and Employer Identification Numbers	☐ I have not used any business names or EINs.		☐ I have not used any business names or EINs.
	(EIN) you have used in the last 8 years	Business name		Business name
	Include trade names and doing business as names	Business name		Business name
		EIN -		EIN
		EIN		EIN
5.	Where you live		Carrier Carrier	If Debtor 2 lives at a different address:
		3501 W 84th PI		
		Number Street		Number Street
		Chirago IL 6062	•	
		City State ZIP Code		City State ZIP Code
		County		County
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.		If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
		Number Street		Number Street
		P.O. Box		P.O. Box
		City State ZIP Code		City State ZIP Code
6.	Why you are choosing this district to file for bankruptcy	Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.		Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
		I have another reason. Explain. (See 28 U.S.C. § 1408.)		I have another reason. Explain. (See 28 U.S.C. § 1408.)

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Q	ebtor 1 Alexandria	Alicic	. Ma	14hews	Case number (#	known)
	art 2: Tell the Court Abo	ut Your	Bankru	uptcy Case		
7.	The chapter of the Bankruptcy Code you	Check for Ban	one. (Fo kruptcy (	or a brief description of each, see <i>Not</i> (Form 2010)). Also, go to the top of p	ice Required by 1	1 U.S.C. § 342(b) for Individuals Filing
-	are choosing to file under	☐ Cha			•	
	unaer	☐ Cha	epter 11	1		
		☐ Cha	apter 12	2		
manager		☐ Cha	pter 13	3		
8.	How you will pay the fee	loca you sub with	al court rself, you mitting a pre-p ed to p dication	the entire fee when I file my pet t for more details about how you r you may pay with cash, cashier's o your payment on your behalf, yo -printed address.  pay the fee in installments. If your for Individuals to Pay The Filing	may pay. Typical check, or money our attorney may bu choose this op Fee in Installment request this option	lly, if you are paying the fee order. If your attorney is pay with a credit card or check obtion, sign and attach the ents (Official Form 103A).
9.	Have you filed for bankruptcy within the	less pay Cha	than 1: the fee pter 7 I	150% of the official poverty line th	at applies to younis option, you m 103B) and file it	
	last 8 years?	☑ Yes.			MM / DD / YYYY	
			District	t Northern Illinos When	02 13 2017	Case number
			District	tWhen	MM / DD / YYYY	Case number
10.	Are any bankruptcy cases pending or being	⊠ No				
	filed by a spouse who is not filing this case with	Yes.				Relationship to you
	you, or by a business partner, or by an affiliate?		District	t When	MM/DD/YYYY	Case number, if known
			Debtor			Relationship to you
			District	When	MM / DD / YYYY	Case number, if known
11.	Do you rent your residence?	☑ No. □ Yes.	Has yo residen		ment against you a	and do you want to stay in your
				o. Go to line 12.		
			☐ Yes	s. Fill out <i>Initial Statement About an E</i>	Eviction Judgment	Against You (Form 101A) and file it with

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Debtor 1 Alexandria First Name Middle Nam	Alicia Mathews Case number (# known)
Part 3: Report About Any E	3usinesses You Own as a Sole Proprietor
12. Are you a sole proprietor of any full- or part-time	No. Go to Part 4.  Yes. Name and location of business
business? A sole proprietorship is a	Tes. Name and location of pusiness
business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.	Name of business, if any  Number Street
If you have more than one sole proprietorship, use a	
separate sheet and attach it to this petition.	City State ZIP Code
	State 21 Code
	Check the appropriate box to describe your business:
	Health Care Business (as defined in 11 U.S.C. § 101(27A))
	☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
	Stockbroker (as defined in 11 U.S.C. § 101(53A))
	☐ Commodity Broker (as defined in 11 U.S.C. § 101(6)) ☐ None of the above
13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?  For a definition of small business debtor, see 11 U.S.C. § 101(51D).	If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).  No. I am not filing under Chapter 11.  No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.  Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.
Part 4: Report if You Own o	or Have Any Hazardous Property or Any Property That Needs Immediate Attention
14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to	☐ Yes. What is the hazard?
public health or safety? Or do you own any property that needs immediate attention? For example, do you own perishable goods, or livestock	If immediate attention is needed, why is it needed?
that must be fed, or a building that needs urgent repairs?	Where is the property?
	City State ZIP Code

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De	btar	1

Alexandria Alicia Mathews
First Name Middle Name Last Name

Case number	(if known)	

#### Part 5:

#### Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

Ab	out	Deb	tor	1

You,must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

i am not required	to receive a	briefing	about
credit counseling			

☐ Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability. My physical disability causes me

to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

#### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

Ш	l am	not	required	i to	receive	a	briefing	about
			unselin					

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone or

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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De	ebtor 1 Alexandra First Name Middle Nam	HICIA MATHOME	Case num	Der (if known)
P	art 6: Answer These Que	stions for Reporting Purpose	es	
16	. What kind of debts do you have?	as "incurred by an individua	ily consumer debts? Consumal primarily for a personal, family,	er debts are defined in 11 U.S.C. § 101(8) or household purpose."
		<ul><li>No. Go to line 16b.</li><li>Yes. Go to line 17.</li></ul>		
			ily business debts? Business restment or through the operation	debts are debts that you incurred to obtain of the business or investment.
		<ul><li>□ No. Go to line 16c.</li><li>□ Yes. Go to line 17.</li></ul>		
		16c. State the type of debts you	owe that are not consumer debts	or business debts.
17.	Are you filing under Chapter 7?	No. I am not filing under Cha	apter 7. Go to line 18.	
	Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?	Yes. I am filing under Chapte administrative expenses  No Yes	er 7. Do you estimate that after an s are paid that funds will be availa	y exempt property is excluded and ble to distribute to unsecured creditors?
18.	How many creditors do you estimate that you owe?	☐ 1-49 ☐ 50-99 ☐ 100-199 ☐ 200-999	1,000-5,000 5,001-10,000 10,001-25,000	☐ 25,001-50,000 ☐ 50,001-100,000 ☐ More than 100,000
19.	How much do you estimate your assets to be worth?	☑ \$0-\$50,000 □ \$50,001-\$100,000 □ \$100,001-\$500,000 □ \$500,001-\$1 million	\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million	
	How much do you estimate your liabilities to be?	\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million	\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion
Pa	177. Sign Below			
Fo	r you	I have examined this petition, and correct.	il declare under penalty of perjur	y that the information provided is true and
		If I have chosen to file under Chap of title 11, United States Code. It under Chapter 7.	pter 7, I am aware that I may pro- understand the relief available und	eed, if eligible, under Chapter 7, 11,12, or 13 ler each chapter, and I choose to proceed
		If no attorney represents me and this document, I have obtained an	I did not pay or agree to pay som nd read the notice required by 11	eone who is not an attorney to help me fill out U.S.C. § 342(b).
		I request relief in accordance with	the chapter of title 11, United Sta	ites Code, specified in this petition.
		I understand making a false states with a bankruptcy case can result 18 U.S.C. §§ 152, 1341, 1519, an	in fines up to \$250,000, or impris	aining money or property by fraud in connection onment for up to 20 years, or both.
		* <u>Mefandual</u> Signature of Debtor 1		nature of Debtor 2
		organication of problem 1	Sig	nature of Debtor 2

Executed on

Executed on

MM / DD / YYYY

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For your attorney, if you are represented by one	I, the attorney for the debtor(s) named in this per to proceed under Chapter 7, 11, 12, or 13 of titl available under each chapter for which the pers the notice required by 11 U.S.C. § 342(b) and,	e 11, United States Code, ar on is eligible. I also certify ti	id have ex nat I have	xplaine delive	d the relief red to the debtor(s	
f you are not represented by an attorney, you do not need to file this page.	knowledge after an inquiry that the information	n the schedules filed with the				
	Signature of Attorney for Debtor	Date	MM /	DD	/ YYYY	
	Printed name		··· - · · · · · · · · · · · · · · · · ·		<b>19-79-7</b>	
	Firm name			·····		
	Number Street					
	City	State	ZIP Code			
	Contact phone	Email address				
	Bar number	State	-			

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For you if you are filing this bankruptcy without an attorney  If you are represented by	The law allows you, as an individual, to represent yourself in bankruptcy court, but you should understand that many people find it extremely difficult to represent themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney.
an attorney, you do not need to file this page.	To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay.
	You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or properly claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if you do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. Bankruptcy fraud is a serious crime; you could be fined and imprisoned.
	If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply.
	Are you aware that filing for bankruptcy is a serious action with long-term financial and legal consequences?
	☐ Mo ☐ Yes
	Are you aware that bankruptcy fraud is a serious crime and that if your bankruptcy forms are inaccurate or incomplete, you could be fined or imprisoned?  No Yes
	Did you pay or agree to pay someone who is not an attorney to help you fill out your bankruptcy forms?  No  Yes. Name of Person
	By signing here, I acknowledge that I understand the risks involved in filing without an attorney. I have read and understood this notice, and I am aware that filing a bankruptcy case without an attorney may cause me to lose my rights or property if I do not properly handle the case.  **  **  **  **  **  **  **  **  **

Cell phone

Email address

Contact phone

Cell phone

Email address

# UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

In Re:	)	
Debtor (s)	)	Case No.
Alexandria Alicia Matthews	) ) )	Chapter   3

### List of Creditors

1. Global Lending Services LIC P.O. Box 935538 Atlanta GA 31193-5538	Lo. Hometown Police Dept. 4331 Southwest Hwy#1 Hometown, IL 60456
2. City of Chicago Dept. of Revenue 121 N. La Salle Dr. Chap. IL 100	
3. Great Lakes US. Dept. of Education P.O. Box 7860 Madison, WI. 5370	
4 I Minors To Mway 2700 Ogden Ave. Downers Carove, IL 60515	
5. Americash Pay Day Loans 1612 W. 59th St. Chap, IL 60636	

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Fill in this in	formation to identify	your case:	
Debtor 1	Alexandria	Alicia	Matheira
Debtor 2	First Name	Middle Name	Lust Name
(Spouse if filing)	First Name	Middle Name	Last Name
United States B	Bankruptcy. Court for the:	Northern District	of Illinois
Case number			
	(if known)		

### Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

	art 1: Summarize Your Assets	
		Your assets Value of what you own
1.	Schedule A/B: Property (Official Form 106A/B)	
	1a. Copy line 55, Total real estate, from Schedule A/B	\$
	1b. Copy line 62, Total personal property, from Schedule A/B	\$ 1,189.00 \$ 1,189.00
Ì	1c. Copy line 63, Total of all property on Schedule A/B	1 100 08
		\$ 1,189 00
P	art 2: Summarize Your Liabilities	
		Your liabilities Amount you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)	
	2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	
	3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	<b>\$</b>
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	
	os. oopy the lotal dams from the chorpholity unsecured dams, from the dj of Schedule Err	+ \$
	Your total liabilities	\$
P	art 3: Summarize Your Income and Expenses	
4.	Schedule I: Your Income (Official Form 106I)	•
	Copy your combined monthly income from line 12 of Schedule I	4
5.	Schedule J: Your Expenses (Official Form 106J)	
	Copy your monthly expenses from line 22c of Schedule J	\$

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Alexandria Alicia Matthows

		The state of the s		
Ē	art 4:	Answer These Questions for Administrative and Statistical Records		
6.	. Are yo	ou filing for bankruptcy under Chapters 7, 11, or 13?		Ī
	☐ No ☑ Ye	. You have nothing to report on this part of the form. Check this box and submit this for s	orm to the court with your other schedules.	
7.	What	kind of debt do you have?	The second secon	-
	Yo fan	ur debts are primarily consumer debts. Consumer debts are those "incurred by an nily, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purpo	individual primarily for a personal, ses. 28 U.S.C. § 159.	
	You this	ur debts are not primarily consumer debts. You have nothing to report on this part sorm to the court with your other schedules.	t of the form. Check this box and submit	-
8.	From t Form 1	the Statement of Your Current Monthly Income: Copy your total current monthly inc 22A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.	\$1,776.00	
9.	Copy ti	ne following special categories of claims from Part 4, line 6 of Schedule E/F:		
			Total claim	
	From	Part 4 on Schedule E/F, copy the following:		
	9a. Don	nestic support obligations (Copy line 6a.)	\$	!
	9b. Tax	es and certain other debts you owe the government. (Copy line 6b.)	\$	
	9c. Clai	ms for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	
	9d. Stud	dent loans. (Copy line 6f.)	<u>s. 3, 781. 62</u>	
		gations arising out of a separation agreement or divorce that you did not report as rity claims. (Copy line 6g.)	\$	
	9f. Deb	ts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+ \$	
	9g. Tota	al. Add lines 9a through 9f.	s 3,78162	

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			s filing:	our case and thi	ion to identify y	his informatio	Fill in ti
		*	Matthews	Alicin	wandan	Ala.	Debtor 1
			Last Name	Middle Name	E	First Name	Debtor 2
		-	Last Name	Middle Name	Ċ	if filing) First Name	
			filinois	orthern District of	tcy Court for the: N	tates Bankruptcy	United S
	Γ1 οι ∴			<del></del>		mber	Case nur
	Check if the amended fi						
					n 106A/B	rial Form	Offic
12/15	1		У	ropert	e A/B:	nedule	Sch
al pages,		a separate sheet to this fo ate You Own or Have a , land, or similar property?	ore space is needed, at wer every question. Land, or Other Real	nformation. If m (if known). Ansv nce, Building,	oplying correct id case number e Each Reside ave any legal or	sible for suppour name and  Describe  ou own or have	respons write you Part 1:
						lo. Go to Part 2 'es. Where is ti	
chedule D: Property.	o not deduct secured claims or exemption amount of any secured claims on Sche reditors Who Have Claims Secured by Property value of the Current value of the property?	ting Crative Cu	What is the property Single-family home Duplex or multi-uni Condominium or co Manufactured or m	her description	ss, if available, or o		1.1.
incy by	escribe the nature of your owners terest (such as fee simple, tenance e entireties, or a life estate), if kn	înt	Land Investment propert Timeshare Other	ate ZIP Code	S	City	
			Who has an interest				
		<del></del>	Debtor 1 only		······································		
operty	Check if this is community prop (see instructions)	s and another	Debtor 2 only Debtor 1 and Debtor At least one of the d			County	
	such as local	sh to add about this item, s mber:	Other information yo property identification				
				ist here:	more than one,	own or have n	lf you
hedule D: Property	not deduct secured claims or exemption a amount of any secured claims on Sched editors Who Have Claims Secured by Pro-	the :	What is the property?  Single-family home Duplex or multi-unit b		s, if available, or o	Straut addrage	1.2.
lue of the	irrent value of the tire property? Current value portion you o	ve Cur	Condominium or coop  Manufactured or mot	iei descriptori	s, ii avaijabie, or o	Outer address,	
	\$	\$	☐ Land ☐ Investment property				
ncv by	escribe the nature of your ownersi erest (such as fee simple, tenanc e entireties, or a life estate), if kno	inte	☐ Timeshare ☐ Other	te ZIP Code	S	City	
	,		Who has an interest in				
		•	Debtor 1 only				
					······································	County	,
perty	Check if this is community prope (see instructions)		At least one of the deb				
	Check if this is community pro (see instructions)	property? Check one.	Who has an interest in  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 At least one of the debtor			County	

Official Form 106A/B

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	First Name Middle Name Last Name			
1.3.	Street address, if available, or other description	What is the property? Check all that apply.  Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land	the amount of any secur	ciaims or exemptions. Put red claims on Schedule D: sims Secured by Property.  Current value of the portion you own?
	City State ZIP Code	☐ Investment property ☐ Timeshare ☐ Other	Describe the nature interest (such as fee the entireties, or a li	simple, tenancy by
	County	Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Other Information you wish to add about this it	(see instructions)	ommunity property
o you c	Describe Your Vehicles  wn, lease, or have legal or equitable interes that someone else drives. If you lease a vehicle	st in any vehicles, whether they are registered or e, also report it on <i>Schedule G: Executory Contracts</i>	not? Include any vehicle and Unexpired Leases.	s
o you o	own, lease, or have legal or equitable interestinat someone else drives. If you lease a vehicle vans, trucks, tractors, sport utility vehicles,	e, also report it on Schedule G: Executory Contracts	not? Include any vehicle and Unexpired Leases.	s
Cars,  O No  O Ye  3.1.	wn, lease, or have legal or equitable interestinat someone else drives. If you lease a vehicle vans, trucks, tractors, sport utility vehicles, on the second	e, also report it on Schedule G: Executory Contracts  motorcycles  Who has an interest in the property? Check one.	not? Include any vehicle and Unexpired Leases.  Do not deduct secured cla the amount of any secure Creditors Who Have Clain	nims or exemptions. Put d claims on Schedule D
co you co bu own to Cars, O No O Ye 3.1.	wn, lease, or have legal or equitable interestinat someone else drives. If you lease a vehicle vans, trucks, tractors, sport utility vehicles, as see the see that was a see that we have a see that we hav	who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another	and Unexpired Leases.  Do not deduct secured cla	nims or exemptions. Put d claims on Schedule D: ns Secured by Property. Current value of the portion you own?
Cars, No Yes	wn, lease, or have legal or equitable interesthat someone else drives. If you lease a vehicle vans, trucks, tractors, sport utility vehicles, os Make:  Make:  Model:  Year:  Approximate mileage:  Other information:  Own or have more than one, describe here:  Make:	who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)	Do not deduct secured clathe amount of any secure Creditors Who Have Clein Current value of the entire property?  \$ 13,000	aims or exemptions. Put d claims on Schedule D: ns Secured by Property.  Current value of the portion you own?  \$ 400 00
Cars, O Yee  3.1.	wn, lease, or have legal or equitable interesthat someone else drives. If you lease a vehicle vans, trucks, tractors, sport utility vehicles, os Make:  Make:  Model:  Altima  Approximate mileage:  Other information:  Dwn or have more than one, describe here:  Make:  Model:  Gear:	who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)	Do not deduct secured clathe amount of any secured Creditors Who Have Clair  Current value of the entire property?  \$ 13,000	aims or exemptions. Put d claims on Schedule D: ns Secured by Property.  Current value of the portion you own?  \$

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Alexandria Alicia Matthews Debtor 1 Case number (if known) Who has an interest in the property? Check one. 3.3. Make: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year. Current value of the Current value of the Debtor 1 and Debtor 2 only entire property? portion you own? Approximate mileage: At least one of the debtors and another Other information: Check if this is community property (see instructions) Who has an interest in the property? Check one. 3.4. Make: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Current value of the Current value of the Debtor 1 and Debtor 2 only entire property? portion you own? Approximate mileage: At least one of the debtors and another Other information: Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ☐ No Yes Who has an interest in the property? Check one. 4.1. Make: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year Debtor 1 and Debtor 2 only Current value of the Current value of the Other information: At least one of the debtors and another entire property? portion you own? ☐ Check if this is community property (see instructions) If you own or have more than one, list here: Who has an interest in the property? Check one. Do not deduct secured claims or exemptions. Put 4.2. Make: the amount of any secured claims on Schedule D: Debtor 1 only Creditors Who Have Claims Secured by Property. Model: Debtor 2 only Year: Current value of the 
Current value of the Debtor 1 and Debtor 2 only entire property? portion you own? Other information: At least one of the debtors and another Check if this is community property (see instructions) 5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here

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Debtor 1

A	lexandri	a Alicia	Mathews
First Name	Middle Name	Last Name	

Part 3:	Describe You	r Personal and Household Items	
Do you	own or have any le	egal or equitable interest in any of the following items?	Current value of the portion you own?  Do not deduct secured claims or exemptions.
s. Hous	sehold goods and		Prometre ex
	-	ces, furniture, linens, china, kitchenware	
O N			
	es. Describe		\$
7. Elect	ronics		
	nples: Televisions a collections; e	nd radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music lectronic devices including cell phones, cameras, media players, games	
	es. Describe		\$
8. Colle	ctibles of value		
Exam	stamp, coin, o	figurines; paintings, prints, or other artwork; books, pictures, or other art objects; or baseball card collections; other collections, memorabilia, collectibles	
	o es. Describe		\$
9. Equip	ment for sports a	nd hobbies	•
	pples: Sports, photo and kayaks; o	graphic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes carpentry tools; musical instruments	
	o es. Describe		\$
10. Firear Exam ☑ N	ples: Pistols, rifles,	shotguns, ammunition, and related equipment	
	es. Describe		\$
11. Cloth	es		
		hes, furs, leather coats, designer wear, shoes, accessories	
D <sub>N</sub>			- MA MA
Ŭ Y€	es. Describe	Clothes and shors	\$ 700 00
12. Jewel	m -	and the second of the second o	
Exam	ples: Everyday jew gold, silver	elry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems,	•
☐ No	o es. Describe		\$
13. Non-f	arm animals		:
	<i>ples:</i> Dogs, cats, bi	rds, horses	
□ No			
	es, Describe		\$
7	-	household items you did not already list, including any health aids you did not list	
☐ No			
	es. Give specific formation		\$
		all of your entries from Part 3, including any entries for pages you have attached mber here	s: 700 00
		· · · · · · · · · · · · · · · · · · ·	

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First Name Alexandra Alexa Matthews Case number (# known)

no you own or nave a	ny legal or equitable interest in	any of the following?		Current value of the portion you own?
			and the same per	Do not deduct secured claim or exemptions,
16. Cash				and the first of t
	ou have in your wallet, in your hor	ne, in a safe deposit box, and on hand when yo	ou file your petition	
⊠ No		·		
	***************************************		Cash:	<b>c</b>
			Water annancement	·
and othe	յ, savings, or other financial accou r similar institutions. If you have n	unts; certificates of deposit; shares in credit uni nultiple accounts with the same institution, list e	ons, brokerage houses, ach.	
☐ No ☐ Yes		Institution name:	•	
	17.1. Checking account:	BMO Harris		s *8000
	17.2. Checking account:	***		\$
	17.3. Savings account			\$
	17.4. Savings account:			s
	17.5. Certificates of deposit:			\$
	17.6. Other financial account:			•
	17.7. Other financial account:	***************************************		ę
	17.8. Other financial account:			\$
	17.9. Other financial account:			\$
			***************************************	5
	s, or publicly traded stocks s, investment accounts with broke	erage firms, money market accounts		
	Institution or issuer name:			M. S. Daniel C. L. Daniel Description
- <b>- ∵</b> Yes				
				\$
163				\$ \$
103				\$ \$
				\$ \$
9. Non-publicly traded	stock and interests in incorpor	ated and unincorporated businesses, includ	iling an interest in	\$ \$
	stock and interests in incorpor , and joint venture Name of entity:		_	\$\$ \$\$
9. Non-publicly traded an LLC, partnership ☑ No ☑ Yes. Give specific	, and joint venture  Name of entity:		iling an interest in % of ownership: 0% %	\$\$ \$\$
9. Non-publicly traded an LLC, partnership ☑ No	, and joint venture  Name of entity:		% of ownership:	\$\$ \$\$ \$\$

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Debtor 1			Document	Page 17 of 57		
Moortheaptiable instruments include personal checks, cashlers' checks, promiseory notes, and money orders.	Debtor 1 First Name	RX andria All Middle Name	CIA MOHNEWS	Case number	(# Inown)	AND SECTION AND ADDRESS OF THE PARTY OF THE
information about them	Negotiable instruments Non-negotiable instrume	include personal che	cks, cashiers' checks, promisso	orv notes, and money order	5.	
Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans   No	information about	Issuer name:				\$ \$ \$
account separately. Type of account: Institution name:  401(k) or similar plan:  Pension plan:  IRA:  Retirement account:  Keogh:  Additional account:  Additional account:  Security deposits and prepayments  Your share of all unused deposits you have made so that you may continue service or use from a company  Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications  companies, or others  No  Institution name or individual:  Electric:  Gas:  Heating oil:  Security deposit on rental unit:  Prepaid rent:  Telephone:  Water:  Rented furniture:  S  S  S  S  S  S  S  S  S  S  S  S  S	Examples: Interests in II		01(k), 403(b), thrift savings acc	ounts, or other pension or p	profit-sharing plans	<b>V</b>
Pension plan:  IRA:  Retirement account:  Keogh:  Additional account:  Additional account:  Additional account:  \$  Security deposits and prepayments  Your share of all unused deposits you have made so that you may continue service or use from a company  Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications  companies, or others    No		Type of account:	Institution name:			
Pension plan:  IRA:  Retirement account:  Keogh:  Additional account:  Additional account:  Additional account:  \$  Security deposits and prepayments  Your share of all unused deposits you have made so that you may continue service or use from a company  Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications  companies, or others    No		401(k) or similar plan:	A TOTAL TOTA			\$
Retirement account:  Keogh:  Additional account:  Additional account:  \$  Security deposits and prepayments  Your share of all unused deposits you have made so that you may continue service or use from a company  Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications  companies, or others  No  No  Institution name or individual:  Electric:  Gas:  Heating oil:  Security deposit on rental unit:  Frepaid rent:  Telephone:  Water:  Rented furniture:		Pension plan:			,	\$
Keogh:  Additional account:  \$ Additional account:  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		IRA:				\$
Additional account  Additional account  S		Retirement account:				\$
Additional account:  Additional account:  Security deposits and prepayments  Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepald rent, public utilities (electric, gas, water), telecommunications companies, or others  No  Institution name or individual:  Electric:  Gas:  Heating oil:  Security deposit on rental unit:  Prepaid rent  Telephone:  Water:  Rented furniture:		Keogh:				\$
Additional account:  2. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others  Institution name or individual:  Electric:  Gas:  Heating oil:  Security deposit on rental unit:  Prepaid rent Telephone:  Water:  Rented furniture:		Additional account		,		\$
2. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company  Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others  No  Institution name or individual:  Electric:  Gas:  Heating oil:  Security deposit on rental unit:  Prepaid rent  Telephone:  Water:  Rented furniture:		Additional account:	***************************************			•
Yes	Your share of all unused Examples: Agreements vaccompanies, or others	deposits you have m				
Electric:						
Gas:  Heating oil:  Security deposit on rental unit:  Prepaid rent:  Telephone:  Water:  Rented furniture:	<b>u</b> res		titution name or individual:			
Heating oil:  Security deposit on rental unit:  Prepaid rent:  Telephone:  Water:  Rented furniture:		ALIEU	######################################			\$
Security deposit on rental unit:  Prepaid rent:  Telephone:  Water:  Rented furniture:						\$
Prepaid rent \$ Telephone: \$ Water: \$ Rented furniture: \$			tal unit:			5
Water: \$		Prepaid rent				3
Rented furniture:		,				Ф
<u> </u>		Water:				\$
· · · · · · · · · · · · · · · · · · ·		Rented furniture:		WWW		\$
		Other:				\$

## 23. Annulties (A contract for a periodic payment of money to you, either for life or for a number of years)

☐ No

☐ Yes...... Issuer name and description:

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Debtor 1 First Name Middle Name	dria Alicia Matthews	Case number (# known)	
24. Interests in an education IRA, in	an account in a qualified ABLE program, or u	under a qualified state tuition program.	
26 U.S.C. §§ 530(b)(1), 529A(b), a			
Ŋ No			
YesInst	titution name and description. Separately file the	records of any interests.11 U.S.C. 8 5216	:):
	· · · · · · · · · · · · · · · · · · ·		,
***************************************			\$
			\$
· Chambrida			\$
: Trusts, equitable or future interes	sts in property (other than anything listed in I	line 1), and rights or nowers	
exercisable for your benefit	m property (editor than differing noted in	and the treatment of positions	
☐ No			
☐ Yes. Give specific			
information about them			\$
<u> </u>		A	
	trade secrets, and other intellectual property		
	websites, proceeds from royalties and licensing	agreements	
☑ No		<del></del>	n .
Yes. Give specific			
information about them			J \$
li			
Licenses, franchises, and other g	general intangibles ive licenses, cooperative association holdings, lic	quar licaneae, professional licaneae	
1	ve acerises, cooperative association notatings, in	quoi ricerises, professional ricerises	
Ø No		M	7
Yes. Give specific information about them			s
mornador about trient			J P
oney or property owed to you?			
mey or property office to your			Current value of the portion you own?
			Do not deduct secured
		•	claims or exemptions.
Tax refunds owed to you			
☐ No			
Yes. Give specific information		Federal:	<b>5</b>
about them, including whet you already filed the return	ner s	State:	
and the tax years		Local:	·
		LOCAL.	
Family support			
/	imony, spousal support, child support, maintena	nce, divorce settlement, property settlemer	ıt
©∕No	p*		
Yes. Give specific information		Alimony:	•
		-	\$
		Maintenance:	\$
		Support	\$
		Divorce settlement:	\$
		Property settlement:	\$
Other amounts someone owes yo Examples: Unpaid wages, disability	insurance payments, disability benefits, sick pay	, vacation pay, workers' compensation.	
Social Security benefits;	unpaid loans you made to someone else		
⊒Í No			
Yes. Give specific information			
	1		\$

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31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance D No ☐ Yes. Name the insurance company Company name: Surrender or refund value: Beneficiary: of each policy and list its value. ... 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. ☐ No Yes. Give specific information..... 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue O No Yes. Describe each claim..... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ☐ No Yes. Describe each claim..... 35. Any financial assets you did not already list ☑ No ☐ Yes. Give specific information...... 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable Interest in any business-related property? Mo. Go to Part 6. Yes, Go to line 38. Current value of the portion you own? Do not deduct secured claims or exemptions. 38. Accounts receivable or commissions you already earned □ No Yes. Describe..... 39. Office equipment, furnishings, and supplies Examples: Business-related computers, software, moderns, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices ☐ No ☐ Yes. Describe....

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Debtor 1 Flist Name	Alexandria Alicia Matthews Case number (# known)		
40. Machinery, fixtures, e	quipment, supplies you use in business, and tools of your trade		
☐ No ☐ Yes. Describe			\$
41. Inventory			_1
No Yes. Describe			<b>]</b> \$
42. Interests in partnersh	ips or joint ventures		
Yes. Describe	Name of entity: % of	f ownership: %	\$
		% %	\$\$
□ No	g lists, or other compilations include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?		
☐ No ☐ Yes. Desc		····	] <b>s</b>
44. Any business-related	property you did not already list	······································	
Yes. Give specific information			\$ \$
			\$
			\$
	f all of your entries from Part 5, including any entries for pages you have attached umber here		\$
Part 6: Describe An	ry Farm- and Commercial Fishing-Related Property You Own or Have an	Interest In	
3888 88 88 88 88	have an interest in farmland, list it in Part 1.  ny legal or equitable interest in any farm- or commercial fishing-related property?		
No. Go to Part 7. Yes. Go to line 47.	, common common and property.		
			Current value of the portion you own?  Do not deduct secured claims
47. Farm animals  Examples: Livestock, po	oultry, farm-raised fish		or exemptions.
☐ No ☐ Yes			a control of control of the page of the pa
			s

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Debtor 1 Alexandra Alica A	Case number (r known)	
48. Crops—either growing or harvested		•
☐ No ☐ Yes. Give specific information		
49. Farm and fishing equipment, implements, machinery, fixt	tures, and tools of trade	
		\$
50. Farm and fishing supplies, chemicals, and feed  No Yes		
- Tes		\$
51. Any farm- and commercial fishing-related property you d	id not already list	
Yes. Give specific information		
52. Add the dollar value of all of your entries from Part 6, inc for Part 6. Write that number here		\$
ivi Fatt 6. Tittle that mulliper 11616		."7
Part 7: Describe All Property You Own or Hav	ve an Interest in That You Did Not List Abo	ove
<ol> <li>Do you have other property of any kind you did not alread Examples: Season tickets, country club membership</li> </ol>	dy list?	To the Action and the
□ No		The state of the s
Yes. Give specific information		\$
		\$
54. Add the dollar value of all of your entries from Part 7. Writ	te that number here	<b>→</b> \$
Part 8: List the Totals of Each Part of this Fo	rm	The state of the s
55. Part 1: Total real estate, line 2		
66.Part 2: Total vehicles, line 5	\$ 12,591.00 409.00	
77. Part 3: Total personal and household items, line 15	<u>\$ 700 00</u>	
8. Part 4: Total financial assets, line 36	<u>\$ 90.00</u>	
9. Part 5: Total business-related property, line 45	\$	-university
0. Part 6: Total farm- and fishing-related property, line 52	\$	e e e e e e e e e e e e e e e e e e e
1. Part 7: Total other property not listed, line 54	+\$A.M.	7
2. Total personal property. Add lines 56 through 61		+\$ 1,189.00
3. Total of all property on Schedule A/B. Add line 55 + line 62.		\$ 1,189.00

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Fill in this in	nformation to identify	your case:	
Debtor 1	Alexandria	Alicia Middle Name	Matthows Last Name
Debtor 2 (Spouse, if filing)	) First Name	Middle Name	Last Name
United States	Bankruptcy Court for the:	Northern District of	Illinois
Case number (If known)	Attack of the second se		

#### Official Form 106C

### Schedule C: The Property You Claim as Exempt

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

2. For any prope	erty you list on Schedule A/B t	nat you claim as exem	pt, fill in the information below.	
	tion of the property and line on 3 that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Check only one box for each exemption.	
Brief description: Line from Schedule A/B	Clothing EShois	\$ 700.00	s 100 00 100% of fair market value, up to any applicable statutory limit	Personal Property
Brief description: Line from Schedule A/B	Checking Account	\$ 80.00	\$ \$\frac{\gamma 0.00}{\text{0.00}}\$  \[ \begin{align*} alig	Personal Funds from Wages
Brief description: Line from Schedule A/B	**************************************	\$	☐ \$ ☐ 100% of fair market value, up to any applicable statutory limit	

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Debtor 1

First	Name	Middle Name	Last Name
	Alexau	ndria i	Alicia Matthews

Case number (# known)	
-----------------------	--

Brief description of on Schedule A/B th	the property and line at lists this property	Current value of the portion you own	Amount of the exemption you claim Spec	ific laws that allow exemption
	•	Copy the value from Schedule A/B	Check only one box for each exemption	
Brief description:		\$	□ s	
Line fromSchedule A/B:			100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	<u> </u>	
Line from Schedule A/B: —			100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	<b>Q</b> \$	
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	
Brief		gap kanganan a manan manan kan manan kan man		
description:		\$	\$ 100% of fair market value, up to	
Line from Schedule A/B:			any applicable statutory limit	
Brief description: —		\$	<u> </u>	
Line from Schedule A/B: —			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	□ s	
Line from Schedule A/B:			100% of fair market value, up to any applicable statutory limit	
Brief description:		\$		
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:			□ s	
Line from Schedule A/B:			100% of fair market value, up to any applicable statutory limit	
Brief		4	□s	
description: Line from Schedule A/B:		¥	100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	<b>Q</b> \$	
Line fromSchedule A/B:			100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	<b>U</b> s	
Line from Schedule A/B:	<del></del>		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	<b>Q</b> \$	
Line from Schedule A/B:			100% of fair market value, up to any applicable statutory limit	

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Fill in this information to identify your case	50:		
Debtor 1 Alexandria Al	icia Mathems		
Frut Name Middle			
Debtor 2 (Spouse, if filing) First Name Middle I	Name Last Name		
United States Bankruptcy Court for the: Northern	District of Illinois		
Case number			
(If known)		<b>L</b>	Check if this is an amended filing
Official Form 106D			
Schedule D: Creditor	s Who Have Claims Secur	ed by Property	12/15
Be as complete and accurate as possible. information. If more space is needed, copy additional pages, write your name and cast.  1. Do any creditors have claims secured by	, ,	qually responsible for supplyin and attach it to this form. On th	g correct ee top of any
No. Check this box and submit this for	m to the court with your other schedules. You have noth	ing else to report on this form.	
Yes. Fill in all of the information below.			
Part 1: List All Secured Claims			
for each claim. If more than one creditor h	nore than one secured claim, list the creditor separately as a particular claim, list the other creditors in Part 2. habetical order according to the creditor's name.	Column A Column B  Amount of claim Value of co Do not deduct the that support value of collateral claim.	Attacher of the Real state of the land of the state of the land of
2.1 Calobal Lending Services	Describe the property that secures the claim:	* 13'000 *	<b>\$</b>
Creditor's Name P.O. Box 935538  Number Street	Automobile		
Atlanta GA 31193-5538 City State ZIP Code	As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed		
Who owes the debt? Check one.	Nature of lien. Check all that apply.		
Debtor 1 only Debtor 2 only	An agreement you made (such as mortgage or secured car loan)		
Debtor 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's lien)		
At least one of the debtors and another	Judgment lien from a lawsuit		
Check if this claim relates to a	Other (including a right to offset)	•	
Date debt was incurred	Last 4 digits of account number 0 5 1 5	The state of the s	
2.2	Describe the property that secures the claim:	\$\$	\$
Creditor's Name			
Number Street	·		
	As of the date you file, the claim is: Check all that apply.		
	☐ Contingent ☐ Unliquidated		•
City State ZIP Code	☐ Disputed		
Who owes the debt? Check one.	Nature of lien. Check all that apply.		
Debtor 1 only Debtor 2 only	An agreement you made (such as mortgage or secured		į
Debtor 2 only Debtor 1 and Debtor 2 only	car loan)  Statutory lien (such as tax lien, mechanic's lien)		
At least one of the debtors and another	Judgment lien from a lawsuit		
Check if this claim relates to a community debt	Other (including a right to offset)	•	
Date debt was incurred	Last 4 digits of account number		
Add the dollar value of your entries in C	olumn A on this page. Write that number here:	<u> 13,000.00</u>	

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Debtor 1	Alexandr First Name Milds	104 (11/0404	Mathway ast Name	Case number (# known)
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Part 1: Additional Page After listing any entries on this by 2.4, and so forth.	page, number them beginning with 2.3, followed	Column A  Amount of claim  Do not deduct the value of collateral	Column B, Value of collateral that supports this claim	Unsecured portion
Creditor's Name	Describe the property that secures the claim:	\$	. \$	_\$
	_	· .		
Number Street		]	•	
	- As of the date you file, the claim is: Check all that apply.	_		
City State ZIP Code	Contingent Unliquidated			
City State 217 Code	Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only	An agreement you made (such as mortgage or secured			
Debtor 2 only  Debtor 1 and Debtor 2 only	car loan)  Statutory lien (such as tax lien, mechanic's lien)			
Debtor 1 and Debtor 2 only  At least one of the debtors and another	Judgment lien from a lawsuit			
_	Other (including a right to offset)	<u>-</u>		
Check if this claim relates to a community debt		,		
Date debt was incurred	Last 4 digits of account number			
	Describe the property that secures the claim:	\$	\$	\$
Creditor's Name				
Number Street	· · · · · · · · · · · · · · · · · · ·			
	As of the date you file, the claim is: Check all that apply.			
	Contingent			
City State ZIP Code	Unliquidated Disputed			
Who owes the debt? Check one.	·			
Debtor 1 only	Nature of lien. Check all that apply.			
Debtor 2 only	An agreement you made (such as mortgage or secured car loan)			
Debtor 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another	Judgment lien from a lawsuit			
Check if this claim relates to a community debt	Other (including a right to offset)	•		
Date debt was incurred	Last 4 digits of account number			
	Describe the property that secures the claim:	\$		\$
Creditor's Name				
Number Street		·		
<u> </u>	- As of the date you file, the claim is: Check all that apply.			
	☐ Contingent			
City State ZIP Code	Unliquidated Disputed			
Who owes the debt? Check one.	Nature of ilen. Check all that apply.			
Debtor 1 only	An agreement you made (such as mortgage or secured			
Debtor 2 only	car loan)			
Debtor 1 and Debtor 2 only  At least one of the debtors and another	☐ Statutory lien (such as tax lien, mechanic's lien) ☐ Judgment lien from a lawsuit			
<u>_</u>	Other (including a right to offset)			
Check if this claim relates to a community debt				
Date debt was incurred	Last 4 digits of account number			
•	s in Column A on this page. Write that number here:	\$		
If this is the last page of your form Write that number here:	, add the dollar value totals from all pages.	\$		

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Debtor 1 List Others to Be Notified for a Debt That You Already Listed Part 2: Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page. On which line in Part 1 did you enter the creditor? Name Last 4 digits of account number \_\_\_\_\_ Number Street State ZIP Code City On which line in Part 1 did you enter the creditor? Last 4 digits of account number\_ Name Number Street City State ZIP Code On which line in Part 1 did you enter the creditor? Last 4 digits of account number \_\_\_\_ Name Number City State ZIP Code On which line in Part 1 did you enter the creditor? \_ Name Last 4 digits of account number \_ Number Street City ZIP Code - State ---On which line in Part 1 did you enter the creditor?\_ Last 4 digits of account number \_\_\_\_\_ Name Number City State ZIP Code On which line in Part 1 did you enter the creditor? \_\_\_\_ Last 4 digits of account number \_\_\_\_\_ Name Number Street City ZIP Code State

Ê	ill in this i	Case 17-3103  Iformation to identify		⊑ila	ed 10/17/17 ocument	Entered 10/		2:22:07	Desc M	ain
D	ebtor 1	Alexandra	Alicia		Matthews					
	ebtor 2	First Name	Middle Name		Last Name					
	ipouse, if filing nited States	Bankruptcy Court for the:	Middle Name	strict c	Last Name					
C	ase number f known)				111111111111111111111111111111111111111					Check if this is an mended filing
0	fficial f	orm 106E/F								
S	ched	ule E/F: Cre	editors V	Nh	o Have U	nsecured	l Clair	ns		12/15
List A/B cred nee any	t the other  B: Property ditors with eded, copy additiona	ete and accurate as port party to any executo r (Official Form 106A/I n partially secured cla the Part you need, fil al pages, write your na	ry contracts or B) and on Scheolims that are list If it out, number ame and case no	unex dule ( ted in the e umbe	pired leases that of Executory Con- Schedule D: Creating Contries in the boxen (if known).	could result in a cli tracts and Unexpir ditors Who Have C	aim. Also li ed Leases ( laims Secui	st executor Official Form red by Prop	y contracts on 106G). Do erty, if more	n <i>Schedule</i> not include any space is
200000000		editors have priority u								
	☐ No. Go		moccured eight	no age	inist you:					
2.	each claim nonpriority	your priority unsecur listed, identify what typ amounts. As much as claims, fill out the Conf	oe of claim it is. I possible, list the	f a cla claim	im has both priorit s in alphabetical or	y and nonpriority an rder according to the	ounts, list the creditor's n	nat claim here ame. If you l	and show be	oth priority and
	(For an ex	planation of each type o	of claim, see the	instru	ctions for this form	in the instruction bo	ooklet.)	Total clair	ACCOUNTED A PROPERTY OF SHARE	A SEAS CONTRACTOR OF THE SEASON AS A SECOND CONTRACTOR OF THE
2.1									amoun	Annual Control of the
	Priority Cred	litor's Name		. La	st 4 digits of accor	unt number		\$	\$	<u> </u>
	Number	Street		W	nen was the debt in	ncurred?				
				As	of the date you fil	e, the claim is: Chec	k all that apply	/		
	City	State	ZIP Code		Contingent					
	Who incu	rred the debt? Check or			Unliquidated					
	Debtor	+ .		u	Disputed					
	Debtor			Tv	pe of PRIORITY u	insecured claim:				
		1 and Debtor 2 only		_	Domestic support of					
	At leas	t one of the debtors and a	nother		* *	other debts you owe the	anvernment			
		t if this claim is for a co	mmunity debt			personal injury while y	_			
	Is the cla	im subject to offset?								
	Yes									
.2	estenden er eine Germanne	B BBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBB	etteritärarilenskeyf en erskessik mensketekssikersserssens anderssamm	ernenespado resonso e	Sakky Surefundi Sugar ey half florgh for grafte en conscious en en encountries de la sissi ventancia	emateyveninggenin proteorieni entimisetyj jamine nu butoni no hatynia tyronetyvening	Switch in the Clark the Application of Application (Co.)			- High Color Wall And Service And Color Co
	Priority Cred	itor's Name			st 4 digits of accou nen was the debt in	unt number	<del></del>	\$	\$	<u> </u>
	Number	Street	**************************************				<del></del>			
						e, the claim is: Checl	call that apply	•		
					Contingent					
	City	State	ZIP Code		Unliquidated					
	_	rred the debt? Check on	ne.	u	Disputed					
	Debtor	•		Ty	pe of PRIORITY u	nsecured claim:				
	Debtor	2 only 1 and Debtor 2 only			Domestic support of					
		1 and Debtor 2 only t one of the debtors and ar	nother			ther debts you owe the	government			
		if this claim is for a co			Claims for death or pintoxicated	personal injury while yo	ou were			
		m subject to offset?								
	☐ No ☐ Yes	•								
	165									

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Debtor 1	٠	A Vexar

Case number (if known)

r listing any entries on this page, number them	n beginning with 2.3, followed by 2.4, and so forth.	Total claim	Priority amount	Nonprio amount
Priority Creditor's Name  Number Street	Last 4 digits of account number	\$		. \$
City State ZIP Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed			
Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt	Type of PRIORITY unsecured claim:  Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated  Other Specify			
Is the claim subject to offset?  No Yes	Other. Specify		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Priority Creditor's Name	Last 4 digits of account number	\$	. \$	\$
Number Street	When was the debt incurred?  As of the date you file, the claim is: Check all that apply.			
City State ZIP Code	☐ Contingent ☐ Unliquidated			
Who incurred the debt? Check one.	☐ Disputed  Type of PRIORITY unsecured claim:			
Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt	Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify			
is the claim subject to offset? □ No □ Yes	Garage Speedy			
Priority Creditor's Name	Last 4 digits of account number	\$	\$	\$
Number Street	When was the debt incurred?			
	As of the date you file, the claim is: Check all that apply.  Contingent			
City State ZIP Code  Who Incurred the debt? Check one.	Unliquidated Disputed			
Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured claim:  Domestic support obligations			
At least one of the debtors and another  Check if this claim is for a community debt	☐ Taxes and certain other debts you owe the government ☐ Claims for death or personal injury while you were intoxicated			14-8-201-0-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
s the claim subject to offset?	Other. Specify			

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Debtor 1	*	Alexano	r

Alexandria Alicia Mathews

Middle Name

Last Name

Case number (if known)\_\_\_\_\_

P	rt 2: List All of Your NONPRIORITY Unsecured Claims		
3.	Do any creditors have nonpriority unsecured claims against you	?	
	No. You have nothing to report in this part. Submit this form to the Yes	e court with your other schedules.	
4.	List all of your nonpriority unsecured claims in the alphabetical on nonpriority unsecured claim, list the creditor separately for each claim included in Part 1. If more than one creditor holds a particular claim, I claims fill out the Continuation Page of Part 2.	<ol> <li>For each claim listed, identify what type of claim it is. Do no</li> </ol>	t list claims already
	•	and the second of the second o	Total claim
4.1	Americash Payday Loan	Last 4 digits of account number	s (000.00
	Nonpriority Creditor's Name  1012 W. 59th 5t	When was the debt incurred? 09 12017	<u> </u>
	Number Street (has IL 100 50		
	City State ZIP Code	As of the date you file, the claim is: Check all that apply.	
	Who incurred the debt? Check one.  Debtor 1 only	Contingent Unliquidated Disputed	
	Debtor 2 only Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another	☐ Student loans	
	Check if this claim is for a community debt	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	Is the claim subject to offset?  ☑ No ☐ Yes	Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Payage Loan	:
4.2	City of Chicago Dept. of Revenue Nonpriority Greditor's Name	Last 4 digits of account number  When was the debt incurred?	<b>\$</b> 3,231.45
	Number Street  TL (00)0 02	As of the date you file, the claim is: Check all that apply.	
	City State ZiP Code	Contingent	
	Who incurred the debt? Check one.  ☑ Debtor 1 only	☐ Unliquidated ☐ Disputed	
	Debtor 2 only Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another	Student loans	
	☐ Check if this claim is for a community debt	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	ļ
	Is the claim subject to offset?  ☑ No ☐ Yes	Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Parkt national Land Annual Parkt national Land Annual Parkt national Land Annual Parkt national Land N	
4.3	Careat Lakes U.S. Dept. of Education	Last 4 digits of account number 4 0 9 7	<b>s</b> 3.781.62
	Nonpriority Creditor's Name P.O. Box 7860	When was the debt incurred? <u>QQ 12013</u>	• <u>0, 100.00</u>
	Number Street Madison WI 53707	As of the date you file, the claim is: Check all that apply.	
	City State ZIP Code  Who incurred the debt? Check one.	☐ Contingent	
	Debtor 1 only	☐ Unliquidated ☐ Disputed	
	Debtor 2 only Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another	Student loans	
	Check if this claim is for a community debt	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	is the claim subject to offset?  No  Yes	Debts to pension or profit-sharing plans, and other similar debts  Other. Specify	

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na	htor	4

Case number (if known)

Pa	rt 2: Your NONPRIORITY Unsecured Claims — Continu	ation Page	
Aft	er listing any entries on this page, number them beginning with	4.4, followed by 4.5, and so forth.	Total claim
	Hometown Police Dept	Last 4 digits of account number	s 200 or
	Nonpriority Creditor's Name  4331 Southhurst Hum #1	When was the debt incurred?	,
	Number Street Home fown TL 60456	As of the date you file, the claim is: Check all that apply.	
	Who incurred the debt? Check one.	☐ Contingent☐ Unliquidated☐ Disputed☐	
	Debtor 1 only Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only At least one of the debtors and another	<ul> <li>Student loans</li> <li>Obligations arising out of a separation agreement or divorce that</li> </ul>	
	Check if this claim is for a community debt	you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts	
	is the claim subject to offset?  ☑ No □ Yes	Of Other, Specify TICK L+	
	T llings Tolling	Last 4 digits of account number	s 140.00
	Nonpriority Creditor's Name  2100 Og den Ave	When was the debt incurred? 10/2017	
	Number Street ) Downers Carnya . IL 40515	As of the date you file, the claim is: Check all that apply.	
	City State ZIP Code  Who incurred the debt? Check one.	☐ Contingent ☐ Unliquidated ☐ Disputed	
	Debtor 1 only Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only At least one of the debtors and another	Student loans	
	Check if this claim is for a community debt	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	is the claim subject to offset?	Debts to pension or profit-sharing plans, and other similar debts  Other. Specify 1011004	
	☐ No ☐ Yes		
		Last 4 digits of account number	\$
	Nonpriority Creditor's Name	When was the debt incurred?	
	Number Street	.  As of the date you file, the claim is: Check all that apply.	
	City State ZIP Code  Who incurred the debt? Check one.	Contingent Uniquidated Disputed	
	Debtor 1 only Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only	Student loans	
	At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that	:
	☐ Check if this claim is for a community debt	you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?	Other. Specify	
	☐ Yes		;

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A QXC	Middle Nem		Mathuus Last Name	
۸١.	1	AV.	la ill.	

Case number	(if known)

Part 3:	List Other:	s to Be Notified	About a Debt That	You Already Lister
Part 3:	List Other:	s to Be Notified	About a Debt That	You Already Liste

xample, if a collection age t, then list the collection ag	ncy is trying to collec ency here. Similarly, i	t from you f you have	your bankruptcy, for a debt that you already listed in Parts 1 or 2. For u for a debt you owe to someone else, list the original creditor in Parts 1 or more than one creditor for any of the debts that you listed in Parts 1 or 2, list the ns to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.
Name			On which entry in Part 1 or Part 2 did you list the original creditor?
Name			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street			Part 2: Creditors with Nonpriority Unsecured Claim
		<del></del>	• •
			Last 4 digits of account number
City	State Zi	IP Code	On which puts in Dort 4 on Dort 9 did you list the printed and lead
Name			On which entry in Part 1 or Part 2 did you list the original creditor?
			Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims
Number Street			☐ Part 2: Creditors with Nonpriority Unsecured Claims
City	State ZI	P Code	Last 4 digits of account number
	, , , , , , , , , , , , , , , , , , ,		On which entry in Part 1 or Part 2 did you list the original creditor?
lame			_
I. u. b. a. C.			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street			☐ Part 2: Creditors with Nonpriority Unsecured Claims
			Last 4 digits of account number
City	State ZI	P Code	the state of the s
lame			On which entry in Part 1 or Part 2 did you list the original creditor?
			Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims
lumber Street			☐ Part 2: Creditors with Nonpriority Unsecured Claims
		***********	
City	State Zii	P Code	Last 4 digits of account number
A			On which entry in Part 1 or Part 2 did you list the original creditor?
Varne			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
lumber Street	······································		Part 2: Creditors with Nonpriority Unsecured
· · · · · · · · · · · · · · · · · · ·			Claims
	State Zif	P Code	Last 4 digits of account number
City	State Zil	- code	On which entry in Part 1 or Part 2 did you list the original creditor?
Varne			
*		······································	Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims
Number Street			Part 2: Creditors with Nonpriority Unsecured Claims
Who was the same that the same same same same same same same sam	· · · · · · · · · · · · · · · · · · ·	··········	
City	State ZIF	Code	Last 4 digits of account number
Jama		<del>4 - 1 - 1 - 1 - 1 - 1</del>	On which entry in Part 1 or Part 2 did you list the original creditor?
lame			Line of (Check and): Dept 1: Creditors with Driesin Lineary and Claims
lumber Street			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured
			Claims
*Hr	State ZIP	Code	Last 4 digits of account number
City	June 41	~~~B	<del>-</del>

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Debtor 1

Alexandria Alicin Matthews

Case number (if known)\_\_\_\_\_

Part 4:

Add the Amounts for Each Type of Unsecured Claim

Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

## Total claims from Part 1

- 6a. Domestic support obligations
- 6b. Taxes and certain other debts you owe the government
- Claims for death or personal injury while you were intoxicated
- Other. Add all other priority unsecured claims.
   Write that amount here.
- 6e. Total. Add lines 6a through 6d.

## Total claims from Part 2

- 6f. Student loans
- 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- 6h. Debts to pension or profit-sharing plans, and other similar debts
- Other. Add all other nonpriority unsecured claims.
   Write that amount here.
- 6j. Total. Add lines 6f through 6i.

#### Total claim

- 6a. s
- 6b. •
- op. \$\_\_\_\_\_
- 6c. <u>\$\_\_\_\_\_</u>
- 6d. +s 13,000
- 6e. 12 000

#### Total claim

- 6f.
  - ". \$ 3,7816A
- 6g.
- **\***\_\_\_\_\_\_
- 6h.
  - s + 1 1 1 1 4 G
- 6j.

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F	ill in this ir	nformation to identify y	our case:			
D	ebtor	Alexandria	Alicia Middle Name	Matthous Last Name		
	ebtor 2	FIRST MATHE				
'	pause if filing)	First Name  Bankruptcy Court for the: N	Middle Name	Last Name		
	ase number	Danki upicy Court for tile. IN		HIUIS		
	f known)			······································		Check if this is an amended filing
					<del></del>	9
O	fficial F	Form 106G				
S	chedi	ule G: Exec	utory Con	tracts and l	Jnexpired Leases	12/15
info add	Do you h	f more space is neede ges, write your name a lave any executory cor heck this box and file th	i, copy the addition nd case number (if ntracts or unexpired is form with the cour	nal page, fill it out, numb known). d leases? t with your other schedule	ther, both are equally responsible for suppler the entries, and attach it to this page. On the entries and attach it to this page. On this formula:  Solve the entries of the entries of the entries formula:	n the top of any
2.	List sepa	rately each person or o	company with who	m you have the contract	ted on Schedule A/B: Property (Official Form 1 or lease. Then state what each contract or the instruction booklet for more examples of e	lease is for (for
	unexpired		je i i i i i i i i i i i i i i i i i i		and more desired post more anampios of the	woodio, ooriii dob ara
2.1	Person o	Box 935538 Street n+a, GA	Servicis	ract or lease	State what the contract or lease is for	
2.2	ner-landin not believe					
	Name					
	Number	Street	· · · · · · · · · · · · · · · · · · ·			
	City	St	ate ZIP Code			
2.3	Name					
	Number	Street				
	City	St	ate ZIP Code			
2.4						
	Name					
	Number	Street				
	City	Ste	ate ZIP Code			
2.5			***************************************	· · · · · · · · · · · · · · · · · · ·		
	Name Number	Street	and the state of t	WENT		
	City	Stz	ite ZIP Code			

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Debt	or 1	Alexandra First Name Middle Na	Alici	MOTHUS Last Name	<del></del>	Case number (# known)	
		Additional Dana it	i Van Ha	ve More Contracts or	l oseoc		
- *			4.1	have the contract or leas		What the contract or lease is for	
2 <u>2</u>				·	• •		
	Name						
	Number	Street					
	City		State	ZIP Code			
2							
	Name						
	Number	Street					
	City		State	ZIP Code			
2							· .
	Name						
	Number	Street					
	City		State	ZIP Code			CONTRACTOR ACTIVITIES OF CONTRACTOR ASSESSMENT
2	N						
	Name		· <del>··</del> ·		·····		
	Number	Street			-		
	City		State	ZIP Code			
2	Name			avanustra			
	Number	Street					
			C4-4-	710 Code			
<u>.</u> T	City		State	ZIP Code			
2	Name :				9 V 9 V 100		
	Number	Street					
	City		State	ZIP Code	····		
2		And the Company of the State of					
	Name						
	Number	Street			<del> </del>		
	City		State	ZiP Code	<del></del>		
2			<del></del>				
	Name		<del></del>				
	Number	Street					
-	City		State	ZIP Code			

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	!	_				
Fill	in this information to identify your case:					
Deb	tor Alexandria Alicia Mathews					
Deb	First Name . Middle Name Last Name tor 2					
	use, if filling) First Name Middle Name Last Name					
Unit	ed States Bankruptcy Court for the: Northern District of Illinois					
	e number nown)	☐ Check if this is a				
<u> </u>		J Great it this is at amended filing				
Off	icial Form 106H	•				
	hedule H: Your Codebtors					
		. 12/15				
are fi and r	btors are people or entities who are also liable for any debts you may have. Be ling together, both are equally responsible for supplying correct information. I umber the entries in the boxes on the left. Attach the Additional Page to this p number (if known). Answer every question.	if more space is needed, copy the Additional Page, fill it out,				
•	o you have any codebtors? (If you are filing a joint case, do not list either spouse	as a codebtor.)				
į.	₹ No					
1	Yes	m. 2 (Community managery atatage and to miterian institute				
ė .	Within the last 8 years, have you lived in a community property state or territo Arizona, Califomia, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Wa					
1	No. Go to line 3.					
	$oldsymbol{\square}$ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time	e?				
	□ No					
	Yes. In which community state or territory did you live?	Fill in the name and current address of that person.				
	Name of your spouse, former spouse, or legal equivalent					
	Number Street					
-						
	City State ZIP Code	_				
3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filling with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.						
	Column 1: Your codebtor	Column 2: The creditor to whom you owe the debt				
		Check all schedules that apply:				
3.1		Schedule D, line				
	Name	Schedule E/F, line				
}	Number Street	☐ Schedule G, line				
	City Stata ZIP Code					
3.2	OIL COM					
<b></b>	Name	D Schedule D, line				
	the solver Decorate	Schedule E/F, line				
} 	Number Street	☐ Schedule G, line				
	City State ZIP Code					
3.3		Schedule D, line				
, 	Name	Schedule E/F, line				
	Number Street	☐ Schedule G, line				
}	City State ZIP Code					

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Alexandra Alicia Matthews Debtor 1 Case number (# known) **Additional Page to List More Codebtors** Column 1: Your codebtor Column 2: The creditor to whom you owe the debt Check all schedules that apply: ☐ Schedule D, line \_ Name ☐ Schedule E/F, line \_\_\_\_\_ ☐ Schedule G, line \_\_\_ Number Street City ZIP Code Schedule D, line \_\_ Name ☐ Schedule E/F, line ☐ Schedule G, line \_\_\_\_ Number Street City ZIP Code State ☐ Schedule D, line \_ Name ☐ Schedule E/F, line \_\_\_\_ ☐ Schedule G, line Number Street ZIP Code City State ☐ Schedule D, line \_\_\_\_\_ Name ☐ Schedule E/F, line \_\_\_ ☐ Schedule G, line \_\_\_\_ Number Street City State ZIP Code ☐ Schedule D, line \_\_\_ Name Schedule E/F, line ☐ Schedule G, line \_\_\_\_\_ Number Street City ZIP Code State Schedule D, line \_ Name ☐ Schedule E/F, line \_\_ ☐ Schedule G, line \_\_\_\_ Number Street City ZIP Code O Schedule D, line \_\_\_\_\_ Name ☐ Schedule E/F, line \_\_\_ ☐ Schedule G, line \_\_\_\_ Number Street ZIP Code City ☐ Schedule D, line \_\_\_\_ Neme ☐ Schedule E/F, line ☐ Schedule G, line \_\_\_\_ Number Street City State ZIP Code

Fill in this in	formation to identify	your case:					
Debtor 1	Alexandria		Matthews				
Debtor 2	First Name	Middle Name	Last Name				
(Spouse, If filing)		Middle Name	Last Name				
	Sankruptcy Court for the:	Northern District of Illinois	5				
Case number (if known)	*		<del></del>		Check if the	nis is: ended filing	
						ended ming element showing pos	tpetition chapter 13
06.5.15.	4001				income	as of the following	date:
Official Fo					MM / D	D/ YYYY	
Sched	ule I: You	ır Income	······································				12/15
supplying cor If you are sep separate shee	rect information. If y arated and your spo	ossible. If two married p ou are married and not t use is not filing with you e top of any additional p	filing jointly, and y , do not include ir	our spouse is nformation abo	living with y out your spo	ou, include informations. If more space is a	on about your spouse. needed, attach a
Fill in your informatio	employment n.		Debtor 1			Debtor 2 or non-f	iling spouse
	more than one job,		/				
	parate page with about additional	Employment status	Employed  Not emplo			☐ Employed ☐ Not employed	
Include par self-employ	t-time, seasonal, or red work.			o 1	1		
Occupation	may include student iker, if it applies.	Occupation	. <u>Lawn</u> Tru Cir	Speciali	st	<del> </del>	
		Employer's name	<u>Iru Car</u>	un			
		Employer's address	710501	111 99th	<b>\</b>		
			Number Street	<del>2626</del>	***************************************	Number Street	
							***************************************
				liti man			1
			City HICKORY	State ZIP	Code	City	State ZIP Code
•		How long employed th	ere? lo mon-	ths.			<u>-</u> . <u>-</u> . <u> </u>
			_** \ ;;(0) \ (	3		<u>-</u>	
Part 2:	Sive Details About	Monthly Income					
		the date you file this fo	rm. If you have noth	ning to report fo	r any line, wri	te \$0 in the space. Incl	ude your non-filing
If you or you		ive more than one employ ttach a separate sheet to		formation for all	employers fo	r that person on the line	es
· · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·	For	Debtor 1	For Debtor 2 or non-filing spouse	mateur
		ary, and commissions (t calculate what the month		2. <b>\$</b> .2.	24000	\$	
3. Estimate a	and list monthly over	time pay.		3. +\$	~	+ \$	HENRY
4. Calculate	gross Income. Add lir	ne 2 + line 3.		4. \$ <u>A</u> ,	<u>940 00</u>	\$	

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Debtor	1

First Name Middle Name	Last Name	
Alexandria	Alinia Matthian	

Case number (# known)

	<del></del>	F. S. L. J		
		For Debtor 1	For Debtor 2 or non-filing spouse	
Copy line 4 here	<b>→</b> 4.	<b>\$</b> 2,240.00	\$	
5. List all payroll deductions:		No: dis		
5a. Tax, Medicare, and Social Security deductions	5a.	436.74 A.M.	\$	
5b. Mandatory contributions for retirement plans	5b.	s	s	
5c. Voluntary contributions for retirement plans	5c.	\$ Ha-93 A.M. 67	las	
5d. Required repayments of retirement fund loans	5d.	\$	\$	
5e. Insurance	5e.	\$	\$	
5f. Domestic support obligations	5f.	\$	\$	
5g. Union dues	5g.	\$	\$	
5h. Other deductions. Specify:	5h.	+ \$	+ s	
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h.	. 6.	\$ 126-17 A.M.	ð <b>\$</b>	
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	<b>s</b> 1,7353a	\$	
8. List all other income regularly received:				
8a. Net income from rental property and from operating a business, profession, or farm				
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	\$	
8b. Interest and dividends	8b.	\$	\$	
8c. Family support payments that you, a non-filling spouse, or a depende regularly receive	ent		•	
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	\$	
8d. Unemployment compensation	8d.	\$	\$	
8e. Social Security	8e.	\$	\$	
8f. Other government assistance that you regularly receive include cash assistance and the value (if known) of any non-cash assistan that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.	ice			i
Specify:	8f.	\$	\$	
8g. Pension or retirement income	8g.	\$	\$	
8h. Other monthly income. Specify:	8h.	+\$	f \$	
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	\$	\$	
<ol> <li>Calculate monthly income. Add line 7 + line 9.</li> <li>Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse.</li> </ol>	10.	\$ <u>1,135.32</u> +	\$=	<b>s</b>
<ol> <li>State all other regular contributions to the expenses that you list in Sched include contributions from an unmarried partner, members of your household, y friends or relatives.</li> </ol>			tes, and other	
Do not include any amounts already included in lines 2-10 or amounts that are r Specify:	not ava	ailable to pay expenses I	isted in <i>Schedule J.</i> 11. <b>+</b>	<u>\$</u>
<ol> <li>Add the amount in the last column of line 10 to the amount in line 11. The I Write that amount on the Summary of Your Assets and Liabilities and Certain St</li> </ol>				\$ 1,735.32 Combined monthly income
13. Do you expect an increase or decrease within the year after you file this fo	om?			moissing moonie
Yes. Explain: My job is seasonal and will an	d	it the end o	f October 21	\[\frac{1}{2}\]

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Fill in this information to identify  Debtor 1 Alexandria  First Name  Debtor 2 (Spouse, if filing)  United States Bankruptcy Court for the:  Case number (if known)	Middle Name Last Name  Middle Name Last Name		ded filing ment showing post as of the following	petition chapter 13 g date:
Official Form 106J Schedule J: Yo	ur Evnoncoc			40/47
Be as complete and accurate as p information. If more space is need (if known). Answer every question	ossible. If two married people are fill led, attach another sheet to this form i.			
Part 1: Describe Your Hor	usenoia			
1. Is this a joint case?  No. Go to line 2.  Yes. Does Debtor 2 live in a service i	separate household? le Official Form 106J-2, <i>Expenses for</i> S	Separate Household of Debtor 2.		
Do you have dependents?  Do not list Debtor 1 and	☐ No ☐ Yes. Fill out this information for	Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
Debtor 2.  Do not state the dependents' names.	each dependent	Son		No Yes
3. Do your expenses include expenses of people other than yourself and your dependents?	No D Yes			
Part 2: Estimate Your Ongo	ing Monthly Expenses	•		
expenses as of a date after the bar applicable date. Include expenses paid for with nor such assistance and have included.  4. The rental or home ownership any rent for the ground or lot. If not included in line 4:	r bankruptcy filing date unless you ankruptcy is filed. If this is a supplement-cash government assistance if you it on Schedule I: Your Income (Officexpenses for your residence. Include	ental Schedule J, check the box a know the value of cial Form 106l.)	Your exper	nand fill in the
<ul><li>4a. Real estate taxes</li><li>4b. Property, homeowner's, or n</li></ul>	enter's insurance	•		
4c. Home maintenance, repair,			-	
4d. Homeowner's association or	condominium dues	•	4d. \$	

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· Debtor 1	Alexandria Alicia Mathaws First Name Middle Name Lest Name	Case number (# known)

			Your expenses
5.	Additional mortgage payments for your residence, such as home equity loans	5.	\$
6.	Utilities:		
	6a. Electricity, heat, natural gas	6a.	\$
	6b. Water, sewer, garbage collection	6b.	\$
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	<u>\$ 200 00</u>
	6d. Other. Specify:	6d.	\$
7.	Food and housekeeping supplies	7.	s 150.00
. 8.	Childcare and children's education costs	8.	<u>\$ 250.00</u>
9.	Clothing, laundry, and dry cleaning	9.	<u> 50.00</u>
10.	Personal care products and services	10.	\$ 50.00
11.	Medical and dental expenses	11.	\$
12.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	<u>\$ 200.00</u>
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$
14.	Charitable contributions and religious donations	14.	\$
15.	Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20.		
	15a. Life insurance	15a.	\$
	15b. Health insurance	15b.	\$
	15c. Vehicle insurance	15c,	s 150.00
	15d. Other insurance. Specify:	15d.	\$
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  Specify:	16.	\$
17.	Installment or lease payments:		
	17a. Car payments for Vehicle 1	17a.	s 409.00
	17b. Car payments for Vehicle 2	17b.	\$
	17c. Other. Specify:	17c.	\$
	17d. Other. Specify:	17d.	\$
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$
19.	Other payments you make to support others who do not live with you.  Specify:	19.	\$
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Incom	e.	
	20a. Mortgages on other property	20a.	\$
	20b. Real estate taxes	20b.	\$
	20c. Property, homeowner's, or renter's insurance	20c.	\$
	20d. Maintenance, repair, and upkeep expenses	20d.	\$
	20e. Homeowner's association or condominium dues	20e.	\$

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Pebtor 1 Alexandria Alicia Matthews Middle Name Last Name	Case number (#known)
l. Other. Specify:	21. +\$
. Calculate your monthly expenses.	
22a. Add lines 4 through 21.	22a. \$ 1,459.00
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	22b. \$
22c. Add line 22a and 22b. The result is your monthly expenses.	22c. <u>\$ 1,459 00</u>
Calculate your monthly net income.	
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$ 1,73532
23b. Copy your monthly expenses from line 22c above.	23b\$ \459.00
23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c. \$ 2716.32
Do you expect an increase or decrease in your expenses within the year after you fill For example, do you expect to finish paying for your car loan within the year or do you expending age payment to increase or decrease because of a modification to the terms of your No.	pect your
Yes. Explain here:	

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	Fill in this ir	iformation to identify	your case:					
	Debtor 1	Alexandria	Alicia M	rHhews	Observito 16 Maile in		•	
	Debtor 2	First Name	Middle Name La	st Name	Check if this is			
	(Spouse, If filing)	First Name	Middle Name La	st Name	An amende	-	petition chapter 13	9
	United States	Bankruptcy Court for the:	Northern District of Illinois			ent snowing positions of the following		3
	Case number (If known)				MM / DD / Y	YYY		
<u>C</u>	Official F	Form 106J-2	_					
S	Sched	lule J-2: E	xpenses for S	eparate	Household of	f Debtor :	2 12/15	;
De or	ebtor 2 have aly with resp	e one or more depend sect to expenses for i	ate household expenses ON lents in common, list the de Debtor 2 that are not reporte is form. On the top of any ac	oendents on boti d on Schedule J.	h Schedule J and this form. Be as complete and accu	. Answer the quarate as possible.	estions on this fort if more space is	n
P	art 1:	Describe Your Hou	sehold					
1.	Do you and	Debtor 1 maintain se	eparate households?					
	No. E	o not complete this for	rm.					
2.	Do you hav	e dependents?	□ No				1	-
	other depen	ebtor 1 but list all dents of Debtor 2	Yes. Fill out this informa each dependent	tion for Debtor 2	ent's relationship to !:	Dependent's age	Does dependent li with you?	ive 
		f whether listed as a f Debtor 1 on					☐ No ☐ Yes	
		the dependents'		<del></del>		#10700 T-17000011-107110-10110-10110-10110-10110-10110-10110-10110-10110-10110-10110-10110-10110-10110-10110-	□ No □ Yes	:
	names.						☐ No	:
				***************************************		·	Yes	
							□ No	
		•		# Particular de la Constitución	<del></del>		☐ Yes	
							□ No	;
	expenses o	penses include f people other than our dependents, and	☐ No ☐ Yes				│ Û Yes	:
Pa	rt 2: Es	timate Your Ongoi	ng Monthly Expenses					
Es	timate your		bankruptcy filling date unles	s you are using	this form as a supplement	In a Chapter 13 c	ase to report	
	•							;
			-cash government assistand it on <i>Schedule I: Your Incor</i>			Your exper	nene	:
			xpenses for your residence.	• • • • • • • • • • • • • • • • • • • •	•			:
<b>-T</b> ,	any rent for	the ground or lot.	apanses for your residence.	madae nat mult	gage payments and 4	. \$	· · · · · · · · · · · · · · · · · · ·	į
		ded in line 4:						
		state taxes			4	_		
	•	rty, homeowner's, or re			41			:
		maintenance, repair, a	, , ,		40	_		:
	4d. Home	owner's association or	widominium dues		4:	1.		;

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Debtor 1 Alexandria Alicia Matthius . Case number (# known).

			Your expenses
5.	Additional mortgage payments for your residence, such as home equity loans	5,	\$
6.		-	
	6a. Electricity, heat, natural gas	6-	æ
	6b. Water, sewer, garbage collection	6a,	\$
	6c. Telephone, cell phone, Internet, satellite, and cable services	6b.	\$
		6c.	\$
_	6d. Other. Specify:	6d.	\$
7.		7.	\$
8.	Childcare and children's education costs	8.	\$
9.	Clothing, laundry, and dry cleaning	9.	\$
10.	Personal care products and services	10.	\$
11	Medical and dental expenses	11.	\$
12.	Transportation. Include gas, maintenance, bus or train fare.		\$
	Do not include car payments.	12.	
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$
14.	Charitable contributions and religious donations	14.	\$
15.	Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20.		
	15a. Life insurance	15a.	\$
	15b. Health insurance	15b.	\$
	15c. Vehicle insurance	15c.	\$
	15d. Other insurance. Specify:	15d.	\$
6.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  Specify:	16.	\$
17.	Installment or lease payments:		
	17a. Car payments for Vehicle 1	17a.	\$
	17b. Car payments for Vehicle 2	17b.	_
	47. Other Charify	17c.	\$
	17d. Other. Specify:		\$
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	170.	
10	Other payments you make to support others who do not live with you.		\$
٠.	Specify:	19.	\$
20	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.		
.u.			•
	20a. Mortgages on other property	20a.	\$
	20b. Real estate taxes	20b.	\$
	20c. Property, homeowner's, or renter's insurance	20c.	\$
•	20d. Maintenance, repair, and upkeep expenses	20d.	\$
	20e. Homeowner's association or condominium dues	20e.	\$

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De	ebtor 1	Hexandra Alica Matthews Case number (a	f known)	W-1818 WW-1
21	Other. Sp	pecify:	21.	+\$
	• • • • • • • • • • • • • • • • • • • •		2.1.	<u> </u>
22.	Your mor	nthly expenses. Add lines 5 through 21.		·
	The result total expe	t is the monthly expenses of Debtor 2. Copy the result to line 22b of Schedule J to calculate t nses for Debtor 1 and Debtor 2.	the 22.	\$
				, , , , , , , , , , , , , , , , , , , ,
23.	Line not us	ed on this form.		
				•
24.	Do you ex	pect an increase or decrease in your expenses within the year after you file this form?		
	For examp	le, do you expect to finish paying for your car loan within the year or do you expect your		
	mortgage p	payment to Increase or decrease because of a modification to the terms of your mortgage?		
	□ No.			
	Yes.	Explain here:		
		,		
				Torque and the same and the sam
	1			**************************************

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			Document	Page 45 of 57	
Fill in this is	information to identify	(Allr Casa:			
Debtor 1	Alexandria	Alicia	Mathouse Last Name		•
Debtor 2 (Spause, if filing	g) First Name	Middle Name	Last Name		
United States	s Bankruptcy Court for the:	Northern District of I	ilinois		
Case number (If known)	T				Check if this is a amended filing
	al Form 106De	····			
Decl	laration Al	bout an	Individual	Debtor's Schedu	les 12/15
If two mar	rried people are filing to	ogether, both are e	equally responsible for	supplying correct information.	
obtaining		fraud in connectio	n with a bankruptcy ca	led schedules. Making a false stateme se can result in fines up to \$250,000, c	
	Sign Below				
Did yo	u pay or agree to pay s	omeone who is NO	OT an attorney to help	ou fill out bankruptcy forms?	
☑ No		omeone who is NO	OT an attorney to help	rou fill out bankruptcy forms?  . Attach Bankruptcy Petition Preparer's No	

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and

Signature (Official Form 119).

that they are true and correct.

Date 10 17 2017

Date MM / DD / YYYY

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*	•				
Fill in this i	nformation to identify y	/our case:			
Debtor 1	Alexandria First Name	ALICIO Middle Name	Ma Hhouss		÷
Debtor 2 (Spouse, if filing	i) Fusi Name	Middle Name	Last Name		
United States	Bankruptcy Court for the: 1	Northern District of Il	llinois		
Case number (If known)					Check if this is an amended filing
	Form 107				
Statem	ent of Finan	cial Affair	s for Individual	s Filing for Bankruptcy	<b>y</b> 04/16
				, both are equally responsible for supply top of any additional pages, write your n	

number (if known). Answer every question.

□м	is your curr árried ot married	ent marital status?				
☑ No	0	years, have you lived anywhere the places you lived in the last 3 y	·			
. !	Debtor 1:		Dates Debtor 1 lived there	Debtor 2:		Dates Debtor 2 lived there
	Number	Street	From To	Same as Debtor 1  Number Street		Same as Debtor 1  From  To
Ar skides	City-	State ZIP Code		City	StateZIP Code	Same as Debtor 1
	Number	Street	From	Number Street		From
3. Within states	and territori	State ZIP Code years, did you ever live with a special	ho, Louislana, Nevad	la, New Mexico, Puerto R	lco, Texas, Washington, and	Community property Wisconsin.)

**Explain the Sources of Your Income** 

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Did you have any income from employmer Fill in the total amount of income you received if you are filing a joint case and you have income No.  No.  Yes. Fill in the details.	d from all jobs and all busione that you receive toget	nesses, including part-ti	me activities. er Debtor 1.	ndar years?
	Sources of income Check all that apply.	Gross Income (before deductions and exclusions)	Sources of Income Check all that apply,	Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	<ul><li>☐ Wages, commissions, bonuses, tips</li><li>☐ Operating a business</li></ul>	\$	☐ Wages, commissions, bonuses, tips☐ Operating a business	\$
For last calendar year: (January 1 to December 31,	☐ Wages, commissions, bonuses, tips☐ Operating a business	\$	☐ Wages, commissions, bonuses, tips☐ Operating a business	\$
For the calendar year before that: (January 1 to December 31,	☐ Wages, commissions, bonuses, tips☐ Operating a business	\$	Wages, commissions, bonuses, tips Operating a business	\$
Include income regardless of whether that inc unemployment, and other public benefit paym	ome is taxable. Examples ents; pensions; rental inco	of other income are alim me; interest; dividends;	money collected from laws	uits; royalties; and
Include income regardless of whether that inc unemployment, and other public benefit paym gambling and lottery winnings. If you are filing	ome is taxable. Examples ents; pensions; rental inco a joint case and you have	of other income are alim me; interest; dividends; income that you receive	money collected from laws ed together, list it only once	uits; royalties; and
Include income regardless of whether that inc unemployment, and other public benefit paym gambling and lottery winnings. If you are filing List each source and the gross income from e	ome is taxable. Examples ents; pensions; rental inco a joint case and you have ach source separately. Do	of other income are alim me; interest; dividends; income that you receive	money collected from laws ed together, list it only once you listed in line 4.	uits; royalties; and under Debtor 1.  Gross Income from each source
Include income regardless of whether that inc unemployment, and other public benefit paym gambling and lottery winnings. If you are filing List each source and the gross income from e	ome is taxable. Examples ents; pensions; rental inco a joint case and you have ach source separately. Do Debto: 1	of other income are alimone; interest; dividends; income that you receive not include income that  Gross income from each source (before deductions and	money collected from laws ed together, list it only once you listed in line 4.	uits; royalties; and under Debtor 1.  Gross Income from each source (before deductions and
Include income regardless of whether that inc unemployment, and other public benefit paym gambling and lottery winnings. If you are filing List each source and the gross income from e No Yes. Fill in the details.  From January 1 of current year until	ome is taxable. Examples ents; pensions; rental inco a joint case and you have ach source separately. Do Debtor, 19  Sources of income Describe below.	of other income are alimer; interest; dividends; income that you receive not include income that  Gross income from each source (before deductions and exclusions)	money collected from laws ed together, list it only once you listed in line 4.  Dehtor 2  Sources of Income Describe below.	uits; royalties; and under Debtor 1.  Gross Income from each source (before deductions and exclusions)
unemployment, and other public benefit paym gambling and lottery winnings. If you are filing List each source and the gross income from e No No Yes. Fill in the details.  From January 1 of current year until the date you filed for bankruptcy:  For last calendar year:  (January 1 to December 31,)	ome is taxable. Examples ents; pensions; rental inco a joint case and you have ach source separately. Do Debto: 1	of other income are alimer; interest; dividends; income that you receive not include income that  Gross income from each source (before deductions and exclusions)  \$	money collected from laws ed together, list it only once tyou listed in line 4.  Debtor 2  Sources of income Describe below.	uits; royalties; and under Debtor 1.  Gross Income from each source (before deductions and exclusions)

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tor 1	Alexandria Alicia Marie Last Name	Hhaus	Case	number (# known)	
art 3: L	ist Certain Payments You Made Be	fore You Filed	for Bankruptcy		
Are either	Debtor 1's or Debtor 2's debts primarily	y consumer deb	ts?		
☐ No. N	leither Debtor 1 nor Debtor 2 has primar nourred by an individual primarily for a pen	rily consumer de sonal, family, or l	ebts. Consumer debts ar nousehold purpose."	re defined in 11 U.S.C. § 10	11(8) as
E	ouring the 90 days before you filed for bank	cruptcy, did you p	ay any creditor a total of	\$6,425* or more?	
6	No. Go to line 7.				
C	Yes. List below each creditor to whom y total amount you paid that creditor. child support and alimony. Also, do	Do not include p	ayments for domestic su	pport obligations, such as	
•	Subject to adjustment on 4/01/19 and ever		· · · · · · · · · · · · · · · · · · ·	· ·	
Yes. D	ebtor 1 or Debtor 2 or both have primar	ily consumer de	bts.		
	uring the 90 days before you filed for bank			\$600 or more?	
[	No. Go to line 7.				
	Yes. List below each creditor to whom you creditor. Do not include payments falimony. Also, do not include payments.	or domestic supp	ort obligations, such as	child support and	
		Dates of payment	Total amount paid	Amount you still owe	Was this payment for.
	Creditor's Name		\$	\$	☐ Mortgage
	Creditor o Name				☐ Car
	Number Street				Credit card
					Loan repayment
	AND THE CONTRACT OF THE CONTRA				☐ Suppliers or vendor
	City State ZIP Code	_			Other
	Creditor's Name	<del>-</del>	\$	<u> </u>	☐ Mortgage
					Car
	Number Street		anders described and analysis single of the	والمناسب الرسوب بالماسا	Credit_card
					Loan repayment
					Suppliers or vendors
	City State ZIP Code	•			Other
	Creditor's Name	<u></u>	\$	\$	☐ Mortgage
					Car
	Number Street			,	Credit card
					Loan repayment
				,	Suppliers or vendors Other

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Alexandria Alicia Mo First Name Middle Name Last Name	th eus	•	Case number (# known)	
Within 1 year before you filed for bankruptcy, did your filed for bankruptcy, did your filed for bankruptcy, did your filed for since the filed for the file	elatives of any on in control, o	general partners; p r owner of 20% or i	artnerships of whice more of their voting	h you are a general partner; securities; and any managing
Yes. List all payments to an insider.	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
Insider's Name	<u></u>	\$·	\$	
Number Street	<u> </u>			
	<u> </u>			
City State ZIP Code		_		
Insider's Name :		\$	\$	
Number Street				
City State ZIP Code				
ithin 1 year before you filed for bankruptcy, did yo n insider?	ou make any p	ayments or transi	fer any property o	n account of a debt that benefited
clude payments on debts guaranteed or cosigned by	an insider.			
Yes. List all payments that benefited an insider.	Dates of	Total amount	Amount you still	Reason for this payment
	payment	pald S	s ·	Include creditor's name
Insider's Name	The second secon	_ New York Control		
Number Street	***************************************			
City State ZIP Code				
Incidence Alexander		\$	\$	
insider's Name				
Number Street			Tim mounts	

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4: Identify Legal Actions, Re		<del></del>	ministrative proceed	ling?
all such matters, including personal				
contract disputes.				
Yes. Fill in the details.				٠,
	Nature of the case	Court or agency	•	Status of the case
				-
Case title		Court Name		— Pending
Manufacture Control of the Control o	The state of the s	Number Street		On appeal Concluded
Case number		Northbel Super		Concuded
Occupation	30 Paul (1807)	City	State ZIP Code	
<u> </u>			كار مساور مد و و و و و و و و و و و و و و و و و و	and margines and market with any otherwise the state of
Case title		Court Name		— Pending
				On appeal
		Number Street		Concluded
Case number		City	itate ZIP Code	
		attilarining the growth of the production and		
ck all that apply and fill in the details  No. Go to line 11.	below.		<b></b>	l, seized, or levied?
No. Go to line 11.	below. Describe the pro		Date	
No. Go to line 11. Yes. Fill in the information below.		operty	Date	
Santander USA	Describe the pro	operty		*
Sontander USA Creditor's Name  P.O. Box 961245	Describe the pro	pperty	Date	
Santander USA	Describe the pro	pperty	Date	*
Sontander USA Creditor's Name  P.O. Box 961245	Describe the pro	pperty  ppened  vas repossessed.	Date	
Sontander USA Creditor's Name  P.O. Box 961245	Explain what ha  Property w  Property w  Property w	pperty	Date	
Sontander USA Creditor's Name P.O. Box 961245 Number Street	Explain what ha  Property w  Property w  Property w	pperty  ppened  vas repossessed.  vas foreclosed.	Date	
Sontander USA Creditor's Name P.O. Box 961245 Number Street	Explain what ha  Property w  Property w  Property w	pperty  ppened  vas repossessed.  vas foreclosed.  vas garnished.  vas attached, seized, or levied.	Date	Value of the property
Sontander USA Creditor's Name P.O. Box 961245 Number Street	Explain what ha  Property w Property w Property w Property w Property w	pperty  ppened  vas repossessed.  vas foreclosed.  vas garnished.  vas attached, seized, or levied.	Date   9   2017	Value of the property
Sontander USA Creditor's Name P.O. Box 961245 Number Street	Explain what ha  Property w Property w Property w Property w Property w	pperty  ppened  vas repossessed.  vas foreclosed.  vas garnished.  vas attached, seized, or levied.	Date   9   2017	
Sontander USA  Creditor's Name  P.O. Box 961245  Number Street	Explain what ha  Property w Property w Property w Property w Property w	pperty  ppened  vas repossessed.  vas foreclosed.  vas garnished.  vas attached, seized, or levied.	Date   9   2017	Value of the property
Sontander USA  Creditor's Name  P.O. Box 961245  Number Street	Explain what ha  Property w Property w Property w Property w Property w Property w Describe the pro	ppened vas repossessed. vas foreclosed. vas garnished. vas attached, seized, or levied.	Date   9   2017	Value of the property
Sontander USA Creditor's Name  For H Worth TX City States	Explain what ha  Property w Property w Property w Property w Property w Describe the pro	ppened vas repossessed. vas foreclosed. vas garnished. vas attached, seized, or levied. pperty	Date   9   2017	Value of the property
Sontander USA Creditor's Name  For t Worth TX City States	Explain what ha    Property water	ppened vas repossessed. vas foreclosed. vas garnished. vas attached, seized, or levied. pperty	Date   9   2017	Value of the property
Sontander USA Creditor's Name  For + Worth TX City State  Number Street	Explain what has    Property work	ppened vas repossessed. vas foreclosed. vas garnished. vas attached, seized, or levied. pperty	Date   9   2017	Value of the property

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ithin 90 days before you filed for bankru counts or refuse to make a payment bed No Yes. Fill in the details.	ptcy, did any creditor, including a bank or financial institu cause you owed a debt?	ition, set off any ai	mounts from your
	Describe the action the creditor took	Date action was taken	Amount
Creditor's Name		Was Lakell	
Number Street	•	***************************************	\$
City State ZIP Code	Last 4 digits of account number: XXXX		
thin 1 year before you filed for bankrupt	cy, was any of your property in the possession of an assi	ance for the benef	it of
editors, a court-appointed receiver, a cur No		gior in the boile.	
Yes			
5: List Certain Gifts and Contribu	tions		
Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Gifts with a total value of more than \$600			Value \$
Gifts with a total value of more than \$600 per person			Value \$ \$
Gifts with a total value of more than \$600 per person			Value \$ \$
per person Person to Whom You Gave the Gift		the gifts	Value \$\$
Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street  City State ZIP Code		the gifts	Value  \$  Value
Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street  City State ZIP Code  Person's relationship to you  Gifts with a total value of more than \$600		Dates you gave	\$ \$
Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street  City State ZIP Code  Person's relationship to you  Gifts with a total value of more than \$600 per person		Dates you gave	\$ \$
Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street  City State ZIP Code  Person's relationship to you  Gifts with a total value of more than \$600 per person		Dates you gave	\$ \$

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No Yes, Fill in the details for each gift or co Gifts or contributions to charities		
	_4_!4*	
Mills and annual built and the aboutton	ntribution.	inger er en gregorien bekommen. Open er en gregorien bekommen in de en
that total more than \$600	Describe what you contributed	Date you Value contributed
		e
Charity's Name		——————————————————————————————————————
	-	<b>\$</b>
Name of the state	_	
Number Street		
City State ZIP Code	_	
		J
lint Contain Language		
5: List Certain Losses		
Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid, List pending insurance claims on line 33 of Schedule A/B: Property.	Date of your Value of propert loss lost
Andrew Control of the state of		\$
		T
		ı
74. List Certain Payments or Tra		
thin 1 year before you filed for bankrup	otcy, did you or anyone else acting on your behalf pay or tran	
thin 1 year before you filed for bankrup u consulted about seeking bankruptcy		
thin 1 year before you filed for bankrup u consulted about seeking bankruptcy lude any attomeys, bankruptcy petition po No	otcy, did you or anyone else acting on your behalf pay or tran or preparing a bankruptcy petition?	
thin 1 year before you filed for bankrup a consulted about seeking bankruptcy lude any attorneys, bankruptcy petition po No	otcy, did you or anyone else acting on your behalf pay or tran or preparing a bankruptcy petition? reparers, or credit counseling agencies for services required in yo	our bankruptcy.
thin 1 year before you filed for bankrup u consulted about seeking bankruptcy lude any attorneys, bankruptcy petition po No Yes. Fill in the details.	otcy, did you or anyone else acting on your behalf pay or tran or preparing a bankruptcy petition?	our bankruptcy.  Date payment or Amount of paym transfer was
thin 1 year before you filed for bankrup a consulted about seeking bankruptcy lude any attorneys, bankruptcy petition po No	otcy, did you or anyone else acting on your behalf pay or tran or preparing a bankruptcy petition? reparers, or credit counseling agencies for services required in yo	our bankruptcy.  Date payment or Amount of paym
thin 1 year before you filed for bankrup a consulted about seeking bankruptcy lude any attomeys, bankruptcy petition po No Yes. Fill in the details.	otcy, did you or anyone else acting on your behalf pay or tran or preparing a bankruptcy petition? reparers, or credit counseling agencies for services required in yo	our bankruptcy.  Date payment or Amount of paym transfer was
thin 1 year before you filed for bankrup a consulted about seeking bankruptcy lude any attorneys, bankruptcy petition provided to the provided and the details.  Person Who Was Paid	otcy, did you or anyone else acting on your behalf pay or tran or preparing a bankruptcy petition? reparers, or credit counseling agencies for services required in yo	our bankruptcy.  Date payment or Amount of paym transfer was
thin 1 year before you filed for bankrup u consulted about seeking bankruptcy lude any attorneys, bankruptcy petition po No Yes. Fill in the details.	otcy, did you or anyone else acting on your behalf pay or tran or preparing a bankruptcy petition? reparers, or credit counseling agencies for services required in yo	our bankruptcy.  Date payment or Amount of paym transfer was

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	Description and value of any property	transferred	Date payment or	Amount of
			transfer was made	payment
Person Who Was Paid	• [			e
Number Street		,		7
			<del>1,7, "\"   7, </del>	\$
City State Z!P Code				
Email or website address	ne			
Person Who Made the Payment, If Not You				
No Yes. Fill in the details.	Description and value of any property	transformed	Data navasant sa	Amount of
	Description and value of any property	ransterred	Date payment or transfer was made	Amount of paymen
Person Who Was Paid				
Number Street		1	<del></del>	\$
			***	\$
City State ZIP Code				
nin 2 years before you filed for bankrup sferred in the ordinary course of your to ade both outright transfers and transfers in	business or financial affairs?			-
fot include gifts and transfers that you hav No Yes. Fill in the details.				
No	Description and value of property transferred	Describe any property o		Date transfer
lo lo		Describe any property o or debts paid in exchan		Date transfer was made
No				
No  Yes. Fill in the details.  Person Who Received Transfer  Number Street				
No Yes, Fill in the details.  Person Who Received Transfer  Number Street				
Person Who Received Transfer  Number Street  City State ZIP Code				

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Description and value of the property transferred  Date transferred  Name of trust					
Name of trust	Name of trust				
List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units	Name of trust				was made
List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units    List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units	Name of trust				
thin 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, seed, sold, moved, or transferred?  Date account number, solder, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, oxforage houses, pension funds, cooperatives, associations, and other financial institutions.  No  Yes. Fill in the details.  Last 4 digits of account number  Type of account or Instrument closed, sold, moved, or transferred  Last 4 digits of account number  Type of account or Date account was closed, sold, moved, or transferred  Savings  Mame of Financial Institution  XXXX.—  Chy State ZIP Code  XXXX.—  Chy State ZIP Code  City State ZIP Code  Whoney market  Brokerage  City State ZIP Code  Money market  Brokerage  Other  City State ZIP Code  Other  City State ZIP Code  Who else had access to K?  Describe the contents  Do you stiffles, cash, or other valuables?  No  Yes. Fill in the details.					
thin 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, seed, sold, moved, or transferred?  Date account number street  Last 4 digits of account number Type of account or Instrument closed, sold, moved, or transferred  Last 4 digits of account number Type of account or Instrument closed, sold, moved, or transferred  Name of Financial institution  XXXX—  Checking \$.  Number Street  Dity State ZIP Code  XXXXX—  Checking \$.  Number Street  Dity State ZIP Code  XXXXX—  Checking \$.  Number Street  Dity State ZIP Code  XXXXX—  Checking \$.  Number Street  Dity State ZIP Code  Number Street  Displayments before you filed for bankruptcy, any safe deposit box or other depository for griffites, cash, or other valuables?  No  Yes. Fill in the details.  Who else had access to It?  Describe the contents  Do you stiff have It?  Name of Financial Institution  Name					
thin 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, seed, sold, moved, or transferred?  Date account number institutions.  No Yes. Fill in the details.  Last 4 digits of account number instrument closed, sold, moved, or transferred  Last balance befolesing savings or transferred  Name of Financial institution  XXXX—		**************************************			
tithin 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, peed, sold, moved, or transferred?  No Yes. Fill in the details.  Last 4 digits of account number Type of account or Instrument Closed, sold, moved, or transferred  Name of Financial Institution  XXXX—  City  State ZiP Code  Who else had access to IR?  Describe the contents  Do you stit have IX?  Describe the contents  Do you stit have IX?  Name of Financial Institution  XXXX—  Describe the contents  Do you stit have IX?					*
Sed, sold, moved, or transferred?  No Yes. Fill In the details.  Last 4 digits of account number   Type of account or instrument   Date account was closed, sold, moved, or transferred   Savings				· · · · · · · · · · · · · · · · · · ·	
State		Kruptcy, were any financial accounts (	or instruments held in	your name, or for you	r benefit,
No Yes. Fill in the details.  Last 4 digits of account number Type of account or Instrument closed, sold, moved, or transferred  Name of Financial Institution  XXXX		irket, or other financial accounts: cert	ificates of denosit: sh:	aroe in hanke crodit w	nione
Yes. Fill in the details.    Last 4 digits of account number   Type of account or Instrument   Date account was closed, sold, moved, or transferred   Closing or transferred     Name of Financial Institution   XXXX-   Checking   \$avings     Money market   Brokerage   Other     Name of Financial Institution   XXXX-   Checking   \$avings     Name of Financial Institution   XXXX-   Checking   \$avings     Name of Financial Institution   Savings     Number Street   Brokerage   Other     Other   City   State   ZIP Code   City   State   ZIP Code     Other   City   State   ZIP Code   City   State   ZIP Code     Other   City   State   ZIP Code   City   State   ZIP Code     Other   City   State   ZIP Code   City   City   State   ZIP Code     Other   City   State   ZIP Code   City				ares in banks, credit u	nons,
Last 4 digits of account number   Type of account or instrument   Data account was closed, sold, moved, or transferred   Checking   \$	,				
Name of Financial Institution  XXXX—    Checking   \$     Savings       Money market       Brokerage       City   State   ZiP Code       Name of Financial Institution   XXXX—    Checking   \$     Money market       Brokerage       Other       Savings       Name of Financial Institution       Savings       Money market       Brokerage       Other       City   State   ZiP Code       City   State   ZiP Code       Other       City   State   ZiP Code       Other	Yes. Fill in the details.				
Instrument   Closed, sold, moved, or transfort   Checking   \$   Savings   Money market   Brokerage   City   State   ZiP Code   Checking   \$   Savings   Checking   \$   Ch		Last 4 digits of account number	Type of account or	Date account was	Last balance bef
Name of Financial Institution  XXXX				closed, sold, moved,	
Number Street   Savings   Money market   Brokerage				or transferred	· ·
Number Street    Savings   Money market   Brokerage	Name of Financial Institution	XXXX	Checking		•
Money market   Brokerage   Other			<del>-</del>	•	7
City State ZIP Code    Other	number Street		<del>-</del>		
City State ZIP Code  XXXX-					
Name of Financial Institution    Savings   Savings   Money market   Brokerage   Other		MATERIAL COLOR			
Name of Financial institution    Savings	City State ZIP Coc	de	☐ Brokerage		
Number Street    Money market   Brokerage	City State ZIP Coc	ie	☐ Brokerage		***
Number Street    Money market     Brokerage     City   State   ZIP Code     You now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for surities, cash, or other valuables?  No Yes. Fill in the details.    Who else had access to it?   Describe the contents     Do you stitute the position     Name of Financial Institution     Name     Na	City State ZIP Coc		☐ Brokerage		•
City State ZIP Code  you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for writies, cash, or other valuables?  No  Yes. Fill in the details.  Who else had access to it?  Describe the contents  Do you st have it?  Name of Financial Institution  Name			☐ Brokerage ☐ Other		\$
Other	Name of Financial institution		☐ Brokerage ☐ Other ☐ Checking ☐ Savings		\$
you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for uritles, cash, or other valuables?  No Yes. Fill in the details.  Who else had access to it?  Describe the contents  Do you stitle have it?  Name of Financial Institution  Name	Name of Financial institution		Description of the control of the co		\$
you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for writies, cash, or other valuables?  No  Yes. Fill in the details.  Who else had access to it?  Describe the contents  Do you sti have it?  Name  Name	Name of Financial institution		☐ Brokerage ☐ Other ☐ Checking ☐ Savings ☐ Money market ☐ Brokerage		\$
No Yes. Fill in the details.  Who else had access to it?  Describe the contents  Do you st have it?  Name of Financial Institution  Name	Name of Financial Institution  Number Street	XXXX	☐ Brokerage ☐ Other ☐ Checking ☐ Savings ☐ Money market ☐ Brokerage		\$
No Yes. Fill in the details.  Who else had access to it?  Describe the contents  Do you si have it?  Name of Financial Institution  Name	Name of Financial Institution  Number Street	XXXX	☐ Brokerage ☐ Other ☐ Checking ☐ Savings ☐ Money market ☐ Brokerage		\$
Yes. Fill in the details.  Who else had access to it?  Do you st have it?  Name of Financial Institution  Name  Name	Name of Financial Institution  Number Street  City State ZIP Cod you now have, or did you have witl	XXXX	Brokerage Other Checking Savings Money market Brokerage Other		
Who else had access to it?  Do you st have it?  Name of Financial Institution  Name  Name	Name of Financial Institution  Number Street  City State ZIP Cod you now have, or did you have with	XXXX	Brokerage Other Checking Savings Money market Brokerage Other		
Name of Financial Institution Name	Name of Financial Institution  Number Street  City State ZIP Cod you now have, or did you have with strittles, cash, or other valuables? No	XXXX	Brokerage Other Checking Savings Money market Brokerage Other		
Name of Financial Institution Name	Name of Financial Institution  Number Street  City State ZIP Cod you now have, or did you have with	XXXX	Brokerage Other Checking Savings Money market Brokerage Other Other	box or other depositor	y for
Name of Financial Institution Name	Name of Financial institution  Number Street  City State ZIP Cod you now have, or did you have with	XXXX	Brokerage Other Checking Savings Money market Brokerage Other Other	box or other depositor	y for Do you sti
Name .	Name of Financial institution  Number Street  City State ZIP Cod you now have, or did you have with	XXXX	Brokerage Other Checking Savings Money market Brokerage Other Other	box or other depositor	Do you sti
Number Street	Name of Financial Institution  Number Street  City State ZIP Cod you now have, or did you have with surfities, cash, or other valuables?  No Yes. Fill in the details.	XXXX	Brokerage Other Checking Savings Money market Brokerage Other Other	box or other depositor	Do you sti have it?
	Name of Financial Institution  Number Street  City State ZIP Cod you now have, or did you have with cariffes, cash, or other valuables?  No Yes. Fill in the details.	XXXX	Brokerage Other Checking Savings Money market Brokerage Other Other	box or other depositor	Do you sti have it?

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First Name Middle Name	Lest Name	Case number (# known)	
☑ No	e unit or place other than your ho	me within 1 year before you filed for bankru	uptcy?
Yes. Fill in the details.	Who else has or had access	s to it? Describe the contents	Do you st have it?
Name of Storage Facility	Name		□ No □ Yes
Number Street	Number Street		
	City State ZIP Code		
t 9: Identify Property You	Code Hold or Control for Someone		
Do you hold or control any property or hold in trust for someone. INo IN Yes. Fill in the details.	that someone else owns? Include	e any property you borrowed from, are stori	ng for,
a res. i min die details.	Where is the property?	Describe the property	Value
Owner's Name			\$
Number Street	Number Street		
			1
City State ZIP C	Code Stat	e ZIP Code	
10: Give Details About Env	vironmental Information	e ZIP Code	
the purpose of Part 10, the following invironmental law means any federal azardous or toxic substances, was including statutes or regulations contife means any location, facility, or part of the means and the m	vironmental Information  g definitions apply: al, state, or local statute or regulations, or material into the air, land, sometimes are subspirited in the second property as defined under any enverted.	tion concerning poliution, contamination, re soil, surface water, groundwater, or other m stances, wastes, or material. vironmental law, whether you now own, ope	edium,
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No .				
Yes. Fill in the details.				
	Governmental unit	Environmental law, if y	ou know it	Date of notice
				•
Name of site	Governmental unit			
Number Street	Number Street			
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	Describe the nature of the business	Employer identification number  Do not include Social Security number or ITIM
Business Name		EIN:
Number Street	Name of accountant or bookkeeper	Dates business existed
		From To
City State ZIP Cod	e	
hin 2 years before you filed for ban	kruptcy, did you give a financial statement to an	vone about your business? Include all financial
titutions, creditors, or other parties		,0
No .		
Yes. Fill in the details below.		
	Date issued	
Name	MM / DD / YYYY	
Number Street		
City State ZIP Cod	e	
2: Sign Below		
swers are true and correct. I under	can result in fines up to \$250,000, or imprisonm	property, or obtaining money or property by frau
and the same of the same being the		
Meyondua Mat		
	Signature of Debtor 2	
Signature of Debtor 1		
Signature of Debtor 1  Date 10/11/17	Date	
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Date 10/17/17		Filing for Bankruptcy (Official Form 107)?
Date <u>/0 /17/17</u> d you attach additional pages to Yo No Yes		